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ORIGINAL ARTICLES.

THE EFFECT OF BAPTISIA IN THE PRODUCTION OF TYPHOID AGGLUTININS.

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BAPTISIA has long been known as a drug which produces symptoms of an asthenic type. Among some of its characteristic symptoms are those of the mind. The mental lethargy, the confusion of ideas, the muttering delirium are combined with ideas of multiple extremities separate from the remainder of the body. These the patient constantly tries to assemble, with about as much success as the beginner displays with a Chinese puzzle.

It is not uncommon in typhoid fever to have this mental complex, and I have seen quite marked relief follow the administration of the lower potencies of the drug in cases having these as presenting symptoms.

Such experiences have led me to wonder if the action of this drug could be accounted for on the basis of its agglutinin production. In the beginning, I would like to state that the experiments performed by us represent only a step in this direction, and that many problems have presented themselves in the course of its investigation, the solution of which would be necessary of a preliminary report, in a hope that it will to corroborate our findings. So this in the nature stimulate further research in this direction.

In our work we used two men, as nearly normal as could be procured. During the first week no drug was given, the patients' sera being tested three times to determine their normal agglutinin powers. During the second week, one gram of Baptisia 3x, three times a day; third week, one dram 3x, three times a day; fourth week, one dram 1x, t. i. d., and fifth and sixth week one dram of the θ t. i. d.

The following technical routine was employed: A bouillon culture of typhoid, three hours old, was prepared from a stock culture of the bacillus on agar. The culture was always examined in regard to 1) clumping, 2) motility, 3) dentistry. As a rule, in young cultures no clumps are present, but in cases where they were found, the culture was filtered through glass wool and cotton. The cultures must have sufficient motility, as experience has shown that a very active

serum fails or only partly agglutinates sluggish bacilli. If the culture was too dense it was filtered through glass, wool and cotton. Since the reaction is in a measure quantitative, such precautions are necessary.

The diluting fluid was a 0.8 C. P. NaCl. The same concentration was used throughout the experiments, as the work of Bordet has shown that in the absence of Na Cl the phenomenon fails to take place. The time limits were 30 and 60 minutes.

The system of diluting was as follows: 3 gtt. bacterial suspension plus one gtt. (1 gtt. serum plus 1 gtt. NaCl) gives a 1 to 8 dilution, and 4 gtt. bacterial suspension plus 1 gtt. (1 gtt. serum plus 1 gtt. NaCl) gives a 1 to 10 dilution, etc., to any desired dilution. Controls of the bacterial suspension with the dilution of salt used were run. All glassware was chemically and bacteriologically clean.

It is undoubtedly true that there is a great variation in the agglutinating content of the sera on normal persons. This can be accounted for in various ways. A moderately high agglutinin reaction can be demonstrated 10 to 12 years following an attack of typhoid in a patient who is known to be a carrier of the organism. The absorption of the colon bacillus by its production of group agglutinins for the typhoid bacillus certainly is another factor. Persons who have been exposed to typhoid, even when they have always been free from the disease, are known to have sera which agglutinate the bacillus in higher dilutions than normal.

References to Table I. shows that the sera of these provers (whom we shall designate A and B) was examined January 7th, 10th and 14th, 1912, with regard to their agglutinating powers.

Serum dilutions of 1-5, 1-8 and 1-12 were tried. With the exception of some loss of motility and an occasional clump at the end of one hour, there was no agglutination of the dilutions used.

On January 15th the provers started the drug, using one dram of 3x Baptisia, t. i. d. These dilutions were supplied us through the courtesy of Boericke & Tafel, Philadelphia, Pa. This dosage was repeated for six consecutive days, until on January 22d, the sera were again examined for their agglutinating powers in dilutions of 8, 10 and 12.

We had a partial clumping in both provers in

Control Tests (1st Week) No Drug Given

SERUM OF PROVER A (Serio)				SERUM OF PROVER B (Coon)			
Date	Dilu.	Time Limit	Agg. Results Cont.	Dilu.	Time Limit	Agg. Res. Control	
1912	I-8	30 min. 60	— Sl. loss mo.	I-8	30 min 60	— Some loss mo.	—
Jan. 7.	I-10	30 60	— Sl. loss mo.	I-10	30 60	— —	—
	I-12	30 60	— —	I-12	30 60	— —	—
Jan. 12	I-8	30 60	— Sl. agg. & loss of motion.	I-8	30 60	— Part clumping	—
	I-10	30 60	— —	I-10	30 60	— —	—
	I-12	30 60	— —	I-12	30 60	— —	—
Jan. 14	I-5	30 60	— Absolutely no agglu.	I-5	30 60	— Absolutely no agglut.	—
	I-8	30 60	— or loss of motil.	I-8	30 60	— or loss of motility.	—
	I-10	30 60	— —	I-10	30 60	— —	—
	I-12	30 60	— —	I-10	30 60	— —	—

CONCLUSIONS: Excepting some slight loss of motility and an occasional clump at the end of 1st hour there was no change in the serum dilutions of either prover.

January 15, 1912, provers started 1 dram 3x Baptisia three times a day.

Baptisia 1 Dram 3x Three Times a Day

2D OR 3X PERIOD

SERUM OF PROVER A (SERIO)				SERUM OF PROVER B (COON.)			
Date	Dil.	Time	Result Control	Dil.	Time	Result Control	
1912	I-8	30 min. 60	— *Partial — Cl. 6 to field	I-8	30 min. 60	— *Part clump. 3 to — field. No further change	—
Jan. 22	I-10	30 60	— Same	I-10	30 60	— —	—
	I-12	30 60	— —	I-12	30 60	— —	—
Third or 2x Period. 1 dram 2x t. i. d.				Started Jan. 22, 1912.			
Jan. 28	I-8	30 60	— Slight clumping	I-8	30 min. 60	— —	—
	I-10	30 60	— —	I-10	30 60	— —	—
	I-12	30 60	— —	I-12	30 60	— —	—
Fourth or 1x Period. Baptisia One dram t. i. d.				Started Jan. 28, 1912.			
Feb. 2	I-8	30 60	+ Agglutination ++ "	I-8	30 min. 60	— Agglutination ++ "	—
	I-10	30 60	+ " ++ "	I-10	30 60	± " + "	—
	I-12	30 60	± " + "	I-12	30 60	— " + "	—

Fifth or 1x Period. Baptisia one dram 1x t. i. d.

PROVER A. Date	Dilution	Time Limit	Agglut. Results	Control
Feb. 7, 1912	1-8	30 min. 60	± Agglutinin ++ "	_____
	1-12	30 60	+ " ++ "	_____
	1-16	30 60	± " - "	_____
PROVER B. Feb. 7, 1912	1-8	30 60	± Agglutination ++ "	_____
	1-12	30 60	- " + "	_____
	1-16	30 60	± " - "	_____

Sixth Period. φ Period one dram of Baptisia φ t. i. d. Started Feb. 2, 1910.

PROVER A. Feb. 13, 1912	1-8	30 min. 60	+ Agglutination ++ "	_____
	1-12	30 60	+ " ++ "	_____
	1-16	30 60	- " + " Partial	_____
PROVER B. Feb. 2, 1912	1-8	30 60	± Agglutination ++ "	_____
	1-12	30 60	+ " ++ "	_____
	1-16	30 60	- " + " Partial	_____

PROVER A. Date	Dilution	Time Limit	Agglutination Result	Control
Feb. 17, 1912	1-10	30 min. 60	+ Agglutination + " Partial clumping	_____
	1-12	30 60	± Slight clumping ± "	_____
	1-14	30 75	- Very slight	_____
PROVER B. Feb. 17, 1912	1-10	30 60	- Agglutination - "	_____
	1-12	30 60	- " - "	_____
	1-14	30 95	- " - "	_____

φ Period

PROVER A. Date	Dilution	Time Limit	Agglutination Results	Control
Feb. 26, 1912	1-8	30 min. 60	+ Moderate ±	_____
	1-10	30 60	_____ Slight Agg.	_____
	1-12	30 60	_____	_____
PROVER B. Feb. 26, 1912	1-8	30 60	_____ Slight Agg.	_____
	1-10	30 60	_____	_____
	1-12	30 60	_____	_____
PROVER A. March 2, 1912	1-8	30 60	+ Still motile ++	_____
	1-10	30 60	+ Part. Agg. Still motil. ±	_____
	1-12	30 60	— Slight Agg.	_____
PROVER B. March 2, 1912	1-8	30 60	_____ Slight Agg.	_____
	1-10	30 60	_____	_____
	1-12	30 60	_____	_____

the 1-8 dilution. In Prover A, six clumps to the field of A No. 7 Leitz objective, and Prover B, 3 clumps to the same area. The 10 and 12 dilutions were entirely negative as in the control experiments.

From January 22d to the 28th the provers received the Baptisia 2x t. i. d.. Table III. shows the results to be slight, practically the same as observed in Table II. From January 28th to February 2d, inclusive, they received one dram of 1x dilution of the drug. Reference to Table IV. shows good positive agglutination at the end of 30 minutes in dilutions of 1-8, 1-10 and 1-12.

From February 2d to 7th, inclusive (Table V.), administration of the drug was continued as before, in 1x dilution, when we obtained a partial agglutination in dilutions as high as 1-16. From February 7th to 13th, inclusive (Table VI), the tincture was given at the same intervals, an examination of the sera at this time showing no agglutination above 1 to 12.

Persistence in giving the tincture until 2/26/12 produced negative results in all but the dilutions of 1-8, and in this the agglutination was only partial.

The use of the drug was discontinued 2/26/12, and it is interesting to note that the observa-

tions of the blood sera on March 2d, five days after, showed a return of the agglutination in dilutions of 1-8 and 1-10. This is in accord with what usually occurs in the artificial production of antibodies. Specific antibody curves are produced, which reach their zenith in five to ten days after the cessation of the stimulating antigen. This fact in relation to antibody curves was demonstrated by Ludwig Hecktoen, of Chicago, before the Congress of Physicians and Surgeons, in the 1910 Transactions of which it appears.

CONCLUSIONS.

1). That Baptisia in low dilutions, preferably 1x and the θ, produces a form of antibodies to the bac. typhosus, viz., the agglutinins.

2). The 3x and 2x dilutions apparently were not so efficient as antigen, although no conclusions can be drawn from the higher dilutions, e. g., the 30th, because they were not tried.

3). The prolonged use of the θ tended to depress the agglutinin production which was very quickly recovered after cessation of the drug.

It is certainly not contended that as a result of these experiments that Baptisia should be considered a specific in typhoid fever. That there are other remedies which would produce results similar to these in quality is not to be doubted.

If it were not so, the application of the homoeopathic remedy would be a much more difficult task than it is at present.

Two years ago, before the Ohio State Society, I drew attention to the fact that I did not believe that the production of antibodies to be specific in the previously accepted use of the term. At that time biological science had merely begun to show that the reaction of an organism to a single antigen would produce not alone antibodies to that one, but in all probability to several other antigen closely related to it biochemically. Since that time abundant work in that direction has appeared in the current literature, and even now the latest text-books are full of it. Permit me to illustrate.

It has been discovered that an animal whose serum in high dilutions will agglutinate the typhoid bacillus will in lower dilutions have the same effect on the Para typhoid, B. colon and B. enteritis. Such properties are similarly possessed by the serum of a person who has lately contracted typhoid fever.

For example: A person becomes infected with the typhoid bacillus. His blood serum in dilution of 1 to 100 will agglutinate the B. typhosus, and in 1 to 30 will agglutinate the para typhosus, and in 1 to 25 the colon bacillus, and so forth, all of which dilutions represent a greater immunity than that possessed by the normal person. Is this person suffering from half a dozen diseases? Not by any means. His general immunity, power for which is resident in his body cells, has been shown by this increased agglutination power for the numerous related organisms. This has been induced by the typhoid bacillus, which, although producing a certain amount of agglutination for these organisms, produces more for itself, and in this sense is specific. Quantitatively, then, this concentration of agglutinins represented by the serum ratio of 1 to 100 is specific but qualitatively it is non-specific, because in addition to producing this immunity for itself we find agglutinins produced for other organisms, only the amount of such is markedly less.

You have all probably had cases which you thought, clinically, was typhoid fever, and really ran such a course, although it was more mild than you were accustomed to see. You may have had two or three Widal reactions done during the course of the disease, and they were all negative or doubtful. In all probability the pathologist reported that he had partial agglutination, but not conclusive enough to unequivocally diagnose typhoid. In your own mind you either placed the Widal reaction under suspicion, or you tacitly damned the pathologist, or took another of the numerous alternatives which may have suggested themselves in your own individual case.

What is the explanation of this not infrequent occurrence? The most logical one is group ag-

glutination. By group agglutination I refer to the production by a single bacterium of agglutinins, not only against the organism in question, but to lesser degree to bacteria to which it may be biochemically related. In case the pathologist had also used the para typhoid bacillus, he would have gotten agglutination in high dilution to this one, and in low dilution to the typhoid bacillus. Thus the partial reaction is accounted for. A specific reaction for the para typhoid bacillus because there were more agglutinins than to the typhoid. Quantitative specificity and qualitative non-specificity. The case itself was one of infection with the para typhoid bacillus.

The agglutinins formed by the bacillus of dysentery and the para dysentery furnish another splendid illustration of group and specific agglutinins. There are three types of the dysentery bacillus. A young goat immunized with type one, or the Shiga bacillus, produces a serum which in a 1 to 5,000 will agglutinate type one. However, it also will agglutinate types two and three, but the former only in dilution of 1 to 50, and the latter in dilution of 1 to 300.

A goat immunized with type two will produce a serum which will in a 1 to 800 dilution agglutinate type two. It will also agglutinate type one in 1 to 20 dilution, and type three in 1 to 100.

It is possible that many of you have had cases of typhoid in which you have been unable to decide between *Rhus toxicodendron* and *Baptisia*. Such encroachments of the symptomatology of one remedy upon the sphere of action of another constitutes one of the commonest difficulties in making a clear cut selection of a remedy. Since our hypothetical case contains many symptoms of both drugs, it is unpleasant to harbor the thought that in case you choose the imperfect similitum you do not benefit your case, and, in addition, do him a positive injury.

The evidence of our paper goes to show that it is possible to raise the agglutinin index of normal person's sera to the typhoid bacillus with *Baptisia*. No doubt it can be done with *Rhus* and other remedies. If you grant my assumption, we can say that in the *Baptisia* case that remedy will produce specific agglutinins, but that *Rhus*, being a member of the same similitum group, will also produce antibodies in the *Baptisia* case, although not in the concentration perhaps that *Baptisia* itself will produce.

Likewise, some time ago I succeeded in raising the opsonic index of the sera of normal persons to the diplococcus pneumoniae with *Veratrum viride*. I have no doubt that other prominent pneumonia remedies will do the same thing. However, in certain cases *Veratrum viride* might be the most perfect similitum, although if *Phosphorus* were given the patient might derive benefit from it of a group nature,

even if he did not derive the quantitatively specific amount indicated by the *Veratrum viride*.

In conclusion, then, I wish to emphasize the fact that the term "specific" as applied to antibody production is absolutely true in but few cases. The majority of bacterial antigens with which we are familiar produce, it is true, greater concentration of antibody to its corresponding antigen, but at the same time will considerably strengthen the forces of the organism toward related antigens.

PRACTICAL HOMŒOPATHIC DEDUCTIONS.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

BAPTISIA tinctoria, or the Wild Indigo, has been used in the homœopathic school of medicine since 1856, and its chief use has been in typhoid fever. Not because it produced so far as known any of the pathological anatomical changes found in that affection, but merely because its pathogenesis reflects the symptomatology of a continued enteric fever with striking similarity. It has long held a reputation of aborting or cutting short cases of typhoid fever; Dr. Hughes collected 53 cases of continued fever which it speedily curtailed, but it has been found naturally that it will not do this in all cases. There can be no one remedy for typhoid fever any more than there can be but one remedy for insanity. This has been proved over and over again, and the conception that a disease can be met with one remedy for all cases has been the Waterloo of all cancer cures, tuberculosis cures, and will be that of all serums and vaccines. It is rather the individual that we must study than the disease. What has Dr. Mellon's experiments with Baptisia in the laboratory proven? To our mind four useful and practical points may be deducted from his paper.

First. That Baptisia is homœopathic to typhoid conditions because it raises the natural bodily resistance to the invasion of the bacillary intoxication, which produces or is said to produce the typhoid complex.

Second. It proves the contention of the majority of users of this remedy in the homœopathic school that the lower potencies, the 1x and the tincture, are the proper strengths in which to use the remedy. If one will go back to the introduction of Baptisia in our school one will find that the first case ever reported in which it was used was cured by the decoction of Baptisia. Nearly all use the lower potencies, even those known as high potency men. This, however, does not by any means signify that all is known that can be known of Baptisia or the proper potency to use.

Third. Dr. Mellon states that prolonged use of the drug in the tincture seemed, in a measure, to defeat the object—thus arguing for a spacing

of doses, this being one of the tenets of Homœopathy too often disregarded.

Fourth. Poor subscribers and poor students of materia medica may find consolation in the hypothesis put forth by Dr. Mellon and abundantly verified in practice that even a near simimum is productive of good results, and that while the ideal is the similimum, much success has and will attend those who come near, without actually attending this ideal.

As Dr. Mellon has said the work done is preliminary in nature. It only serves to show what might be done in a scientific way with our remedies did we possess suitable facilities.

One could spend years in working up Baptisia alone. Questions like the following should find scientific answers.

What effect a high potency of Baptisia taken by the prover previous to such experimentation would have on the agglutination powers?

Might such not immunize? Where can the limit be?

We have seen Belladonna high immunize against scarlet fever, but we know very well to have such powers it must correspond to the Belladonna cases. There is much in the old expression *Genus Epidemicus*.

We have seen *Rhus toxicodendron* high cure *Rhus* poisoning, but it will not cure all cases.

The failure of Koch and his tubercular serum was due largely to two elements, first, the non-recognition of the fact that there should be no single remedy for all cases, and second, in the dosage employed, and so will every investigator fail until the two cardinal features of Homœopathy are recognized, namely, individualization and the minimum dose.

Dr. Mellon's work is of great value; it is fragmentary, however, and there will be those who will object to his dosage and to the omission from his paper of the symptoms of the provers; however, the latter were not noted as the experimentation was on the laboratory side. As to the dosage being one dram of all strengths, we believe it to be proper for an initiatory experiment, but we believe also that a drop would have answered quite as well. All of which should be worked out in the future.

The entire paper emphasizes the facts that not only much time is needed to carry out suitable experiments which are bound to demonstrate in a scientific manner the truth of the homœopathic law, but also much money and men trained to work and think Homœopathicity. (Illinois Society.)

The Institute will hold its annual meeting in the new Albany Hotel, Denver, July 6 to 12. Attention is directed to President Hinsdale's business address in this issue of the MEDICAL CENTURY.

THE RELATIONSHIP BETWEEN THE HOMEO-
PATHIC REMEDY AND THE HUMAN
DEFENSIVE THEORY.

BY BENJAMIN F. BAILEY, M. D., LINCOLN, NEB.

THAT the human organism is in possession of a defensive system is sufficiently proven. What the call to arms is may be certain, but the manœuvres, their order and their sequence is still uncertain.

Investigations along these lines have all been made upon the basis of an infection, and with the bacteria, their products or their serum, results as modifiers of the systemic functions of defense. That there are germ diseases and that they are the direct result of the invasion of the human system by a germ we all accept, but that the germ causes even a major amount of the diseases or afflictions of the human race is at this date improbable. That we may have virulent or mild infections amounting in result from a slight illness to a fatal termination is recognized, but the infection is just as much an infection and just as surely does to a degree break the continuity of tissue, and cripple function, as does to a greater degree the more virulent infection. The disease resultant from the infection is then always first *organic*, second functional. We have diseases that are not considered infectious, but even more to be dreaded. For instance, the much-vaunted arteriosclerosis of the present day. We know the cause, the trend from heredity, the push from worry and overwork, the necessity from imperfect metabolism and its demands. We know the first thing is the lesion, the second exaggerated function reparative in effort—a defensive attempt of the system. The condition, however, is *organic* first, functional second. Though it be but a line on the glass the perfect human apparatus is scarred.

The cause of melancholia is called functional because we find no gross changes in the neuron, but that is the fault of a mighty finite observation, for we all must know that a perfect neuron does perfect work, but that if a toxic condition has poisoned or long fatigue, dried and shriveled, it is an organic change, and though we may by rest and abstemiously repair as we retouch the injured painting, it is never quite the same, each struggle being in the nature of an abrasion of time, and without this life would know no limit and we should not grow old.

In brief I would have you assume with me that there are no functional diseases without first the wearing of the cylinder, the roughening of the surface, the greater or less organic change. Admitting the three facts that diseases are caused by an excess of a natural attribute of the cell, namely, irritability. Second, that the origin of this excess may be bacterial, traumatic, chemical or psychic. Third, that against all these causes and their effects nature has her army ready at hand, subject to call.

These three premises being taken, and we hope well taken, is there any reason why all laboratory work should be done along the line of the bacteria and their work? Is there any reason why we should not in the laboratory make study of the effect of the drug upon the leucocyte and the serum et cetera? There is to my mind every reason to believe that the continual effort of nature is toward repair, toward perfection. If this is true and even the filtered bacterial product calls to duty, why should we wait until the enemy camps on our shores, why should we not study the possibility of giving to the child through the finer touches of the infinitesimal the uplift that makes performance possible?

For 120 years approximately we have used the system of Hahnemann, we have accepted and proved the action of drugs according to the law of similia. Had Hahnemann lived he would have found and declared the theory of immunity and studied the hypodermatic, directly into the blood, serum action of our remedies by the best of laboratory methods. Yes, even had he almost starved while doing it.

But sufficient has it been to us to have the prosperity from the patronage of the best and most intelligent of our people who if not deeply meditative yet preferred as our opponents used to say to be allowed to die naturally rather than to be bled or poisoned to their end. So we rested on our oars until Metchnikoff, Denys, Leclef gave us the knowledge of a phagocytosis, and in 1903 Wright having admitted for years the phagocytosis truth, but seeking for its explanation, gave us the opsonin theory with its consequent vaccines, some of which are successful and many of which are not, and he said of those that raised the opsonin index and strengthened the defenses, "The law of similars best answers the question of how vaccines operate." And yet we with all these hints and helps before us remain supine, not even attempting in a forceful, organized way to "prove up" on our own presumption. Let us look for a few more hints of the possibilities that lie hidden under the great surface tracing of a much deeper truth than we yet know in the law that Hahnemann has given us.

First we know that the defensive forces, call it the opsonin index if you choose, is weak in many of the race and that every indication is a sign board along the way, indicating that the whole metabolism is imperfect, and without perfect metabolism nothing perfect can mature, not even the grass can grow, much less the wonderfully complex organism of the human ideal. How possible the study in vitro of the blood action, the opsonin index, the results when treated in vitro and later in persona with the various dilutions according to similia. We can know what *Calcarea carbonica*, *Calcarea phosphorica*, *Natrum phosphoricum*, *Pulsatilla*, *Aconite*, etc., can initiate,

Consider the wonderful fight that is made. Normal white corpuscles we may estimate at about 7,500 per c. m. m., 35 per cent. lymphocytes, nearly all of the rest polymorphonuclear leucocytes, the microphages, and in pneumonia these microphages may run up from 4,200 to 18,000. Who doubts this is nature's reserves, and what a magnificent fight they put up! In typhoid we get a leucopenia and the more marked this leucopenia the more serious has been proven the typhoid, but, alas, the leucocyte soldiers seem crippled and unable to do their most brilliant work without an armament furnished from the serum and the serum more than any tissue—I believe the serum may be called a tissue—more than any tissue, I say, depends for its efficiency on a perfect metabolism and a perfect metabolism can be more encouraged perhaps by extraneous and environmental effort than anything with which we have to do in the human economy. While it is true that phagocytes need all the help that a perfect serum can bring them, it is true that the active bacteria are probably capable of developing, according to Bail, a substance aggressin, that if the entrenchment of the leucocyte is delayed too long may result in its paralysis and consequent helplessness.

The first strains of bacterial infection are usually less virulent and less resistant than the later; hence as in the battles of the war early reinforcements are the best.

Along with the study of infection and immunity comes the study of anaphylaxis, and we learn that 1/100000 c. cm. of horse serum injected subcutaneously or intraperitoneally in a guinea pig will after a period of incubation so sensitize the animal to horse serum that after the incubation period has passed if 5 c. cm. of horse serum be injected collapse and death will result. If, however, a larger amount of horse serum, say, four or five c. cm., be used as the sensitizing dose instead of requiring an incubation of eight to twelve days, it may require a period of incubation of from three to four months and the results are uncertain. If a second and larger dose of the serum is given after the small sensitizing dose, but before the time of incubation is passed, the small original dose fails of its sensitizing effect and the second dose is spoken of as the anti-anaphylactic dose. Does this remind you a bit of our drugs, our infinitesimals, our aggravations from too large or too frequently repeated doses? Do you realize that the latest theories of phagocytosis are that it is truly a physio-chemical process, and if this be true what more possible than to modify by our drugs.

I care not what you call it, immunity, similia or anaphylaxis. I care not for the preservation of a separate school, but I will fight and sacrifice to the limit, for the preservation of a truth for which Hahnemann nearly starved, which has saved thousands, which save my dear old mother even in my boyhood and which has only begun

its work. To save it we must explain it, to explain it we must have money and a laboratory, to have money and a laboratory we must have organization that works instead of talks. Let us sound the bugle and get to the front. (Missouri Institute of Homœopathy.)

ON DISEASES OF THE NERVOUS SYSTEM.

BY DR. J. H. PETERMAN, ARDMORE, OKLA.

THE chief functions of the cerebro-spinal system are motion, sensation and mental action. Many of the diseases are known to depend on organic changes in the nerve centers and therefore so far as their pathology is concerned can no longer be regarded as purely functional, but the pathology of a disease and the disease itself are two different things, although singularly enough they have been and still are frequently confounded with each other. If perversion of function is a disease then all the diseases are functional, though some or perhaps all of them have an organic basis. In fact, we may assert that disease is always functional; that there is no such thing as disease entity. Experience, as always it is, as the mother of wisdom leads us to the practical insight in treating this branch successfully. Correct diagnosis, careful beginning, observation of origin, tendency of the system to abnormalities, to habits, inherited and produced disorders by transgressions against sane living must be also the fundamental guides in treatment.

Two patients with nervous exhaustion, one 24, the other 35, a married man, to all appearances presenting the same disorder, a general breakdown of mind and body, restoration to normal, needed separate and almost opposite treatment and remedies. The older, an excessive smoker and coffee drinker, working in a bank, keeping himself in a constant strain through the use of these two, in itself opposing articles; the younger, a very ambitious student, an athlete, especially in the latter, had outdone himself physically, resulting in a complete exhaustion of the mental functions also. The treatment in the former began with the total prohibition of coffee and tobacco and confining him to a sustaining diet and self-control. The other also, who had given up his extreme physical exertions, treatment was directed to healthy nutrition, moderate exercise, protection from exposure. Both recuperated in five months to a normal state. The remedies of one were not at all those of the other.

Such is the same in chorea, epilepsy, insanity. No two patients alike. A woman of 43, inmate of the Norman Institute for Insane, was restored to normal by homœopathic treatment by restoring her menstruation, which was considered the menopause, but it was not. Epilepsy in thirty-six patients, chorea in eighteen, cured in almost every one of those that obeyed. No two alike.

The diagnosis by name has no influence on the treatment. Symptomatology is our greatest standby, as every one will find who treats these ailments, but we cannot depend on it solely. History, origin, complications, ability of the patient to respond to treatment, but in no case can be forcible. The careful observation and treatment to a finish, enriches the capability of the physician in paying quantity. No method has yet surpassed the judicious application of homœopathic remedies. This is my experience during a careful observation and application for fifty years, safe and sure when rightly used. Beware of over-drugging the patient.

I want to encourage every one, our young men especially, to take hold of these ailments with confidence in our method. Put Homœopathy to the test. Do not shrink nor believe any discouraging opinions. We win where others lose. Dr. Hart's "Diseases of the Nervous System" is excellent.

OBSTETRICAL OBSERVATIONS.

BY L. C. M'ELWEE, M. D., ST. LOUIS, MO.

OBSTETRICS, like surgery, is an art. He is the greatest obstetrical artist who applies its principles most carefully.

We hold that humane methods and sympathetic attitude of mind of the accoucheur are foundation principles—corner-stones.

We have observed that patients who are sanely fed with a sensible diet, *i. e.*, a liberal diet, leave the lying-in chamber in better physical condition than those who are fed on the variations of tea and toast. Likewise those patients who are not restricted in posture during labor or the lying-in have fewer post-partum complaints than those who are bound in one way or another during that time.

Cleanliness is primordial and imperative. No other consideration is at all comparable to it on the part of the accoucheur. Godliness is well enough in its place, but must play second fiddle to cleanliness in the lying-in room. To the end that he and his patient are protected from each other rubber gloves sterilized before each examination are demanded.

Practically all the ordinary complications of the puerperal state are traceable to infection carried into the parturient canal on the fingers of the accoucheur.

We believe that there is no place in the practice of our profession when "book larnin'" is as efficient as in the lying-in room.

The adaptation of this book knowledge in the light of experience constitutes the obstetric art. He will take best with his patients who is most considerate of their comfort and indulgent with their whims.

When there has been no progress for an hour there is not likely to be in twice that time with-

out aid. If one doesn't already know the cause for the delay it might be as well to ascertain and proceed to correct the difficulty. If this is to be done with forceps proceed under the strictest aseptic precautions possible under the circumstances and with a plentitude of such assistance as may be at hand.

It is well not to apply the forceps until cervical dilatation is complete. This may have to be completed by the accoucheur's fingers.

Especial effort should be made to apply the forceps to the axis of the child's head if in any way possible to do it.

When so applied traction should be intermittent. One minute of traction in the line of the axis of the pelvis is ample. During the interim between efforts at traction the blades should be unlocked.

It is frequently advantageous to remove and reapply them once in a while, for it must be remembered that the vagina and perineum must be opened for the advancing head or breech.

Forceps are most useful when applied with the patient under complete anæsthesia.

The only time when anæsthesia may not be employed is in the delivery at the inferior strait or when the patient won't take it.

So far as we know, there are practically no contradictions to anæsthesia during labor. Anæsthesia once given may as well be continued until parturition is accomplished because it innervates the power of the uterus, so that although the patient returning to consciousness may feel the pains, they are unavailing. It cuts up the case badly. Either give it fully or not at all, and by all means avoid H. M. C. tablets if you care for the welfare of the child.

The slogan: "Let nature take its course" is often, if not usually, the confession of ignorance on the part of the midwife, male or female. If there is nothing doing, let it be known what is the reason and what is to be done about it when nature will no longer "take her tardy course."

The alert attendant may often assuage the parturient agonies by a few doses of the indicated remedy. But the best time for this kind of treatment is during gestation. Labor is deprived of much of its terrors by smoothing out the wrinkles before hand. The most despicable emotion of the human mind is fear. Eradicate that from your patient's mind and keep it eradicated, and you will have easy sailing.

Should a patient develop a chill and her temperature run up to 103 Fahrenheit on the third day, do not despair. Examine the suprapubic region of the abdomen. Unless there is tenderness and lymphatitis there the hyperpyrexia is more than likely to be an outbreak of latent malaria.

After-pains in the primipara are rare: when one of your primiparous patients has them better seek for the cause in the cervix uteri. By

an ocular examination in a good light one will be likely to find shreds of membrane. Remove these and the pains go with them.

An oxytotic is rarely necessary after parturition. Ergot is of little if any use in primipara, although multipara respond very well to it. But it induces the most atrociously offensive lochia. (Missouri Institute.)

MEDICAL HELPS IN SURGICAL CONDITIONS.*

BY DANIEL O. WEBSTER, A. B., M. D., PORTLAND, ORE.

THOSE of you who know me best will not be expecting much entertainment or enlightenment from this paper. In fact, after the numerous able scientific essays of the year, it seems almost like presumption on my part to attempt to add anything to the knowledge, medical, surgical or other, which is already in your possession. But "association is everything," and not for worlds would I break the bonds which unite me with this Round Table by my neglecting my small share in the year's program. Therefore, as the angel of the Lord pointed to me and said "Write," I write.

Although we think of the general practitioner's work as dealing with diseases or general morbid conditions, and though as homœopathsists we are apt to think of ourselves as "medical specialists" handling our drugs on subjects free of injury—as a matter of fact, a large proportion of the conditions which we meet in our everyday work are to some degree surgical—that is, they are produced by forces of accident, crime or neglect, and do not come from within the organism.

In my own practice, in a locality filled with mills and factories of various sorts, I meet so many cases of a minor surgical nature that my subject very easily suggested itself.

We get broken bones, cuts, bruises, infections, ulcers and so on, in the treatment of which proper local measures are essential,—but will the pain of the broken bone or the torn ligament be lessened, the clean healing of the cut flesh be promoted, the ache of the pounded muscle be assuaged, and the indolence of the slow sinus or ulcer be overcome by the use of the right remedy? I thoroughly believe so.

To be sure, no drug in its proving ever produced a broken rib, a stab-wound or knife-thrust, but after the purely mechanical part has been done and the relation of the parts restored the symptoms then come within the realm of drug-action, and the properly prescribed remedy should contribute to the patient's ease and recovery without the use of narcotics and sedatives.

By this I do not mean that analgesics are never

necessary, but from my own limited experience (and after all is said, experience is our only final means of proof) I believe that we are too prone to lean on mere pain-killers when the picture of the remedy often is staring us in the face—when we could, if we would, not only relieve, but cure.

Nor need we be guided solely by the symptoms produced by the injury or lesion itself—that is, in the case of a broken arm, for instance—the mental symptoms of Aconite or Arsenic, or the aggravations and ameliorations of Bryonia, might well lead to the use of one of these with relief to the patient and physician.

As an example, not for proof, but to illustrate what some of you have abundantly proven in your practice, let me cite a case: A man was caught between a pile of lumber and a loaded wagon, and rolled along much as a piece of dough is rolled between the rolling pin and board. He was picked up and carried home—and when I saw him the chest and back were a mass of bruises; he couldn't lie still, although it nearly killed him to move, and he was shivering with cold at the same time, complaining of pain and heat in the head.

After a careful examination to determine that there was no injury more than the terrific bruising the man was in such agony that I started to rig up my needle for a dose of Morphine.

Then the case struck me as being so typical of Arnica that I put the Morphine away and gave him a dose of Arnica, directing its repetition every half hour till relieved, and that I be called in a couple of hours if the medicine failed.

That evening, not having been called in the meantime, I saw the patient again, to find him sitting up in bed quite free from pain. On my asking him how soon he got relief he replied: "Doctor, that was great dope you gave me, and I didn't take any more, for the pain was gone before the half hour was up."

As I said before, this one case proves nothing, but when a similar result occurs, not once, but many times, not only in my practice, but in yours, it satisfies me at least that we could often manage to worry along without the use of the hypodermic needle or the ubiquitous coal-tar product.

Also in the case of stab-wound and cuts. Simple cleanliness is often aided by the remedy, if one is indicated, to the securing of primary healing.

Now, in infected wounds, sinuses and ulcers, we have a condition which more closely comes under the realm of medicine or internal treatment in some forms. We now know that all of these processes are the accompaniments of a warfare between germs and their toxins and the anti-toxic agents manufactured by the organism.

But many good men still treat these conditions by purely local measures, while more perhaps endeavor to raise the vital force by the injection of the appropriate antibodies.

*Read before the "Portland Round Table" April 16, 1913.

We also, those of us who still believe in drugs, raise the opsonic index and thus assist nature to cure by the use of the right remedy.

The process I take it is practically the same—we apply the stimulation by means of the drug to arouse the organism to supply the antitoxins to combat the particular morbid condition.

We don't want to neglect to use the useful bacterins and serums, but in our enthusiasm, for what is new and ultra-scientific, let us not forget that in a given case of infection we often have a drug picture which no other agent can duplicate, and I might cite cases to illustrate, but that is unnecessary, for we all know the fact—and furthermore, if we reason rightly in our selection, we cure quickly, safely and pleasantly, while if we mistake our remedy, we do the patient no harm.

I do not possess the personality or knowledge to teach, I can relate no wonderful tales in my practice, of those nearly dead being brought to life, neither have I the ability to demonstrate always the whys of my belief. I have faith in my Homœopathy and perhaps I have suggested to you some ideas as to its more perfect application.

Freely have we received in the wealth of our drug pathogenesis. To those coming to us for relief, shall we not be equipped that we may as freely give?

THE TREATMENT OF GONORRHOEAL ARTHRITIS.

BY JOHN A. BROOKE, A. M., M. D., OKLAHOMA CITY, OKLA.

IT is certainly not with pride that I review the results in some of my old cases of gonorrhœal arthritis, or gonorrhœal rheumatism, as we were wont to call it some years ago.

I recall one case of an absolute ankylosis of the knee joint, one of absolute ankylosis of the elbow, one of great limitation of motion of the ankle, one of partial ankylosis of the wrist with inability to completely flex the fingers, owing to involvement of the tendon sheaths as well as the joint, and one severe chronic case that has limitation of motion of several of the joints due to metastasis of a chronic gonorrhœal seminal vesiculitis.

Medical literature up until a year or so ago contained little on the treatment of gonorrhœal arthritis that promised a restoration to the normal function,—I have reference to severe cases. The best result usually obtained was a partial disability caused by limitation of motion or else an ankylosis in a good position. It is now conceded that all joint inflammations are the result of infectious micro-organisms or their toxins, whether caused by gonococcus, streptococcus, bacillus coli communis, streptococcus rheumati-

cus or other pathogenic bacteria. There is no idiopathic arthritis.

The result of a Neisserian infection of a joint depends upon the virulence of the infecting organism and the management of the joint lesion. Knowing the end result in the severe cases of gonorrhœal arthritis, I was not surprised to find that most all of the cases in Dr. John B. Murphy's clinic applying for arthroplasty were those of complete or nearly complete ankylosis, which was brought about by a gonorrhœal metastasis. These metastases occur with a regularity as a secondary infection. Each type of infecting micro-organism has a definite period of quiescence before the joint symptoms present themselves. The streptococcus infection of a joint comes on quickly, usually within twenty-four to forty-eight hours, and is accompanied by a chill and high fever. With other micro-organisms than the streptococcus ten, twenty or thirty days elapse before the joint symptoms develop. The period usually allotted to grip and the staphylococcus is about nine days; pneumonia, eleven to fifteen days; typhoid, two to four weeks. The usual time for development of gonorrhœal arthritis is from the eighteenth to the twenty-second day. The attack is sometimes precipitated earlier than this or it may take a much longer period, as in cases of chronic gonorrhœa with a vesiculitis or prostatitis. This gonorrhœal metastasis usually starts as a multiple arthritis, but as a rule after a couple of days all but one joint has cleared up and here this destructive process spends its fury.

There is little danger in confusing gonorrhœal arthritis with a tubercular one. The Neisserian infection comes on suddenly, the symptoms are acute, pain is very severe; while the tuberculosis comes on slowly and gradually, and never under three weeks after an injury. The tuberculin test is another aid to diagnosis.

The most frequent seat of gonorrhœal arthritis is in the knee joint, the ankle, wrist, elbow, shoulder, hip, tempero-maxillary, small joints of feet and hands and spinal articulations, following in the order named.

The capsule of the knee joint is able to withstand a great internal pressure. It is a regular leather bottle. One experimenter found that the capsule of the knee held from 70 to 120 pounds to the square inch and did not rupture.

An infected joint is destroyed primarily through the accumulation and pressure of the products of infection held under tension, as well as by the virulence of the infecting micro-organism. The synovial membrane of the articular surface of a joint is lined with a velvety layer of endothelial cells. During an infectious arthritis they are inflamed and pressed together by muscular contraction,—nature's effort to immobilize, and are soon destroyed. Then a synechia occurs, which may eventually lead on to a bony ankylosis. The recognition of these

important facts is the keynote to successful treatment of gonorrhœal arthritis.

Aspiration of the joint and drawing off considerable exudate lessens the tension. At the same time injecting from 5 to 10 c.c. of 2% formalin in glycerin, which neutralizes the fluid in the joint cavity and also makes a bad culture medium for all micro-organisms; it likewise increases the polynuclear leucocytes to fight the invading bacteria. You may aspirate and inject every day or every second day, or once a week. Ofttimes one or two injections are sufficient.

The inflamed articular surfaces of the joint must be separated and this is best done by extension, preferably Buck's adhesive dressing. This will greatly lessen the pain if weight applied is sufficient to overcome muscular contraction. Murphy says to apply five pounds to the leg is like putting on a postage stamp. The weight must be sufficient, even if twenty-five pounds is required. Sometimes the inflammatory exudate is so thick it cannot be aspirated. Flakes and fibrin are deposited in the joint. In these cases it is best to incise the joint and wash out all inflammatory products with a sterile salt solution. Taking the knee as an example an incision should be made on either side of the patella; with the knee in a flexed position the joint cavity is more accessible. It can then be thoroughly cleaned out and immediately closed up again. There is no danger of an ankylosis from opening a joint if you keep out the drain, but you may have a permanent impairment of function if the joint is kept open. The endothelial cells are destroyed if exposed to the air any length of time.

In addition to these local surgical measures I consider the giving of the vaccines the next most important thing. The Neisser bacteria mixed is the most efficient. Starting with fifty million gonococci and increasing the dose to perhaps four hundred or five hundred million, if necessary, and the proportional dosage of the other accompanying bacteria.

I have never used phylacogens and do not know their value in these acute cases. The reports would lead me to believe that gonorrhœal phylacogen is of more value in chronic cases. Some four or five years ago I used considerable antigonococcic serum made by P. D. & Co. and I never saw an appreciable effect. As soon as the acute symptoms have subsided passive motion should be instituted. High frequency currents, electric light baths, baking, hydrotherapy and the like increase circulation to the part and promote absorption.

The Bier treatment of passive hyperæmia is of value in the sub-acute stage.

In all cases, but especially the more chronic ones, the deep urethra, seminal vesicles and prostate should be given appropriate treatment.

The salicylates, colchicine and other like remedies are of little value in these cases.

Among the homœopathic remedies Guaiacum is of the most value.

To summarize the treatment:

- 1st. The gonorrhœal vaccines (mixed).
- 2d. Aspirate, relieve tension and inject formalin and glycerin.
- 3d. Apply extension.
- 4th. If the case is not progressing favorably incise and wash out joint cavity. Immediately close.

ANNUAL ADDRESS OF THE PRESIDENT OF THE MISSOURI INSTITUTE OF HOMŒOPATHY.

1913.

BY EDWARD J. BURCH, M. D., CARTHAGE, MO.

Members of the Missouri Institute of Homœopathy:

With your permission I will dispense with those felicitous pleasantries which customarily find place in the introductory part of the president's annual address, and proceed at once to the consideration of the more sober and important phases of the mission which brings us together at this time. We have much real work to do at this meeting, and must needs forego anything like an excursion into the artistry of words, however profitable and entertaining such an excursion might prove to be.

This is the thirty-seventh annual meeting of this society. For six and thirty years the Homœopaths of this State have been gathering themselves together, congratulating themselves upon the righteousness of their cause and singing the praises of Hahnemann, Hering, Farrington and a host of other illustrious men, who have won high place in the councils of the homœopathic school and in the history of the world. Such procedure is indeed most commendable, and I trust the time may never come when we shall have occasion to think less happily of ourselves or fail in the least to honor the memory of those men whose labor and self-sacrifice have made possible the universal application of the beneficent law of Similia.

But sheer belief in our great law of cure, and the adulation of its renowned champions alone will not suffice our present needs. There is indeed much else for us to do—perhaps much else which we should have done.

Before proceeding further, however, I cannot resist this opportunity of congratulating you upon your unwavering loyalty to the greatest profession, not to say calling, which exists today—the profession of medicine. In spite of its limitations, in spite of the sacrifices it entails, in spite of the hardships it presses down upon its devotees, positively no other profession is so rich in service. Whether it realizes it or not, the world has ever been the doctor's debtor.

But what of this hour? To use a much

abused expression, "Whither are we drifting?" What have these thirty-six meetings of the Missouri Institute of Homœopathy brought forth? How does the Institute compare with itself of thirty-seven years ago? We certainly are not here to deceive ourselves. We ought to study facts; they might teach us something we need to know. If we are prospering we ought to know it, so that we may felicitate ourselves. If we are failing we ought to know it, so that we may change our methods. Let's inquire into ourselves. What is the status of the profession of medicine generally? Since assuming the duties of the presidency of this Institute a year ago my investigations have led to conclusions which I had but partially anticipated. The science of medicine is passing through a great crisis-period at this time. Medicine today does not occupy the high vantage ground it deserves to occupy. Everywhere medical colleges are closing their doors. Men and women are refusing to choose medicine as a field for their life's work as they once did. Doctors are crying aloud to their sons and daughters, saying: "My child, my child, seek not to follow after me." How many of you have children who really want to give their lives to the practice of medicine? "Too much work, too much responsibility and too little remuneration," they argue—and they know whereof they speak. Medicine is a little tottery just now.

As for the Homœopathic School of Medicine, its very existence is threatened at this hour. Surely there be but few among us so blind to existing conditions as to doubt this statement. Still there may be some who would exclaim, "Oh, come now, doctor, it can't be so bad as all that—surely it can't!" To all such let me advise that they withhold judgment until they investigate the status of this school, in behalf of which they cherish such fond delusions of hope. It is easy to hope, and there is a proper time for indulging in it, but we must not take it all out in hoping; we must be "up and doing." This is our busy day. We are facing a crisis.

But a crisis is not necessarily such a serious thing. Sometimes it is actually beneficent. Both measures and men work out their destiny through a series of crises, achieving success by recognizing and conquering them, or accepting failure with closed eyes and a drowsy resistance.

What shall we do with our crisis! Well, some of you are familiar with foot ball terms; let's tackle it and break up its interference. Where shall we begin? At the beginning.

The lamp of the past can be made to illumine the path of the future. Let's go back and dig it up. And when we have lighted it let us stop awhile and look around. Maybe we shall find something. Maybe we shall find where our troubles began. In my judgment we shall not have far to go. Almost at once we stumble on to the fact that the practice of medicine in all its branches is and always was too large for any

one mind to master. Therefore the doctor has always been dissatisfied with his profession, and it has been a burden to him because he knew he was not master of it; that he could not be master of it.

Rendering imperfect service, he logically received scant compensation. Hence the struggle for self-preservation, out of which naturally came envy and the unkind word—the unfortunate criticism of our professional brethren for business reasons. Each doctor has told the laity how that all the other doctors are incompetents and frauds so repeatedly and for so long a time that the laity has come to believe it. In a general way that is about all that ails us.

But we homœopaths have some peculiar and specific troubles which we may well ferret out by the aid of this lamp of the past. We not only share the misfortunes of the profession at large, but we have troubles all our own. How many of these are of our own manufacture and bear our own trade-mark we shall see.

Stumbling around in the past with that old lamp among the rocks and briars of adversity, and in the wet, chilly fog of obscurity, we quickly bump into our first trouble and handicap—newness.

The bright ray of similia has shown unmistakably through the clouds since the stars first sang together, but not until Hahnemann's time was there much note taken of it.

People object to new things on general principles. They do not like to be disturbed, not that they are opposed to progress, but because they love inertia.

Soon we light up another homœopathic handicap—unreasonableness. In the abstract the law of similia did not and does not appeal to most people. On the face of it it appears to be a most improbable thing. Moreover it could not be explained. Worse yet, we did not understand it ourselves.

Further along we discover misconception, a very large and lasting handicap. When the marvelous effects of the homœopathic remedy were first clinically demonstrated men seemed to lose their medical reason. "We now have a simple and certain cure for everything; away with everything but Homœopathy," they declared. People of visionary, peculiar and insane beliefs all flocked to Homœopathy, and did the cause no good. Many of them have remained with Homœopathy.

Coming along further our light shines into the miasmatic handicap of opposition—opposition from the established school of medicine, armed with public approval, entrenched in the law of the land (as they are today), organized, powerful, arrogant and murderous. The allopathic persecution of the homœopath has been a long, black chapter. (Nevertheless we owe much of our success to persecution. Persecution seems to be much less dangerous than benign assimila-

tion.) Here we rather bested the opposition, but our lamp soon discloses one of the worst handicaps we have ever had—arrogance, our own arrogance. We were now making some headway as a school. Persecution at the hands of the allopaths was helping our cause. We were liking it. In order to have them persecute us more we chose to tantalize them. We would be very unlike them. Whatever they favored we opposed and most everything they opposed we favored. They treated the disease, not the patient. If the patient had pneumonia, for instance, he must take pneumonia medicine, the same kind that everybody else sick with pneumonia took, regardless of the result. This was not right in theory or satisfactory in practice we soon saw. We decided to be different. We would treat the patient, not the disease. If the indications were for Bryonia, for instance, we would give it whether the patient had pneumonia or the stomach-ache. We elected to make no diagnosis; we did not care for it, and because we cured more cases than the allopaths cured we for a long time thought we were right. Soon people began to accuse us of being foolish—and we were. When a man gets sick the first thing he wants to know is what ails him. When his doctor tells him that he (his physician) doesn't care what ails him, but that he (the patient) has a splendid set of indications for Bryonia or Rhus tox. he gets suspicious and begins to figure on changing doctors.

We Homœopaths must make a definite diagnosis, not simply the diagnosis the allopath makes, but our diagnosis must go far beyond his. We must not only make a diagnosis of pneumonia, bronchitis, gall stones, etc.; we must diagnose the *patient*, mentally and physically, objectively and subjectively—every inch of him.

Now, further in our arrogance, we declared that the indicated remedy was all that would ever be needed to effect a cure; that dietetics, hygiene, sanitation, etc., cut no figure. "Eat what you want, do as you please, and the indicated remedy will save you," was our slogan. This theory did us no good.

But still our results were better than those of anybody else, so we again thought that we were right.

Coming further down the path for quite a ways we find the black shadow of another homœopathic handicap—success. It does not appear to be generally known, but success is a most dangerous explosive. Most people get along very comfortably with failure, but few indeed can survive success. Success achieved, we forthwith began to quarrel among ourselves as to who should be called greatest in the kingdom. The result is history, proximal history.

As we have come down the track of time, carrying our lamp of the past before us, we have been conscious all along of the presence of the shadow of a vague and elusive handicap, which

we now plainly recognize as that of lack of exploitation. All along we have taken it for granted that Homœopathy needed, and would need, no exploitation. It was such a great and easily demonstrable truth that men would naturally and eagerly accept it when once it was brought to their attention. Such has not been the case. Homœopathy will never die. We could not kill it if we would, but we can easily and terribly cripple it and retard its progress by simply continuing the treatment we have been giving it.

And now we come to the last homœopathic handicap. As we hold the light aloft this handicap (strange to say) casts its shadow in two opposing directions—one backward into the past and the other forward into the future. Alas! this handicap is permanent. It is the handicap of difficult attainment.

It must be admitted that a working knowledge of homœopathic prescribing is difficult to acquire and still more difficult to retain. It may be truthfully said that it requires a peculiar quality of mind to handle Homœopathy expertly. Many able physicians have abandoned Homœopathy, not because they did not believe in it, but because they found the clinical application of it to be too difficult and tedious for them. Homœopathy is for the student only. It does not appeal to the lazy; it does not pretend to be easy, but to be effective and beneficent.

I am inclined to present this review of what I consider to be the handicaps of Homœopathy, not in any spirit of disparagement, not as a complaint, not as a criticism of anybody, but for the purpose of setting forth the true status of Homœopathy as I see it, to the end that, profiting by the mistakes of the past, we may be the better prepared to meet the medical crisis of this day, and use it as a mighty level with which to uplift a great and just cause.

Through the establishment of abundant schools for post-graduate study, through intelligent and persistent exploitation; through thorough national, State, county and municipal organization; through a thorough understanding of what Homœopathy really is, and through the united and harmonious efforts of our entire membership, working shoulder to shoulder, unceasingly and unselfishly in a common cause, I expect to see the Missouri Institute of Homœopathy rise speedily to the occasion and triumphantly claim its own.

The following recommendations are respectfully offered for adoption by this society:

(1) Believing that the present laws pertaining to the maintenance of State Examining Boards are unjust, un-American and ineffectual in accomplishing the ends for which they are intended, I would recommend that this society express itself as favoring their repeal. Any physician competent to practice medicine in one of

our States is manifestly qualified to practice the same in any or all of them without restriction.

(2) Would recommend that our present Bulletin be made the permanent official organ of the Institute and that its editor be elected annually by the Institute.

(3) Would recommend that all members of the Institute, in both their private and public correspondence, use letter-heads and envelopes bearing the seal of the Institute. These will be furnished by the Institute at cost price. This for the purpose of Institute exploitation.

(4) As an aid to the study and clinical application of the homœopathic materia medica would recommend that the president of this Institute appoint a committee of two members with full power to immediately prepare copy for a drug label, setting forth in suitable type and design the characteristic clinical indications for each of the homœopathic remedies in common use, and to submit suitable copies of the same to various homœopathic pharmacies, with the request that said labels be used upon all containers of homœopathic remedies sold into this State. Would further recommend that this label bear the words "Missouri Institute Label."

CORRESPONDENCE.

DR. CASSADAY'S PLAN.

Editor MEDICAL CENTURY:

As I have been reading Dr. Cassaday's communications appearing in the CENTURY and am much interested in same, especially his article in the March issue and the one appearing in the April number, I wish to express my appreciation of his ideas through the columns of the CENTURY as set forth, and his concise and practical plan of reaching all physicians practicing the homœopathic faith; also for the education of the laity, the latter being the essential point to be considered.

I am intensely glad to see the editor of so valuable a medical journal as the CENTURY endorse the views of Dr. Cassaday, for the reason that the present status of Homœopathy gives me extreme mortification and causes a sadness, at times, that it is difficult to overcome. And yet if all of the 15,000 homœopathic physicians in the United States were thoroughly organized and working in harmony, as are the other cults, we could the more surely, certainly and at an earlier date come into the possession of our own.

I very much desire, at this point, to take up some of the causes which, to my mind, seriously militate against our cause and which I may in the future discuss through the columns of your valuable journal, by your permission, but am so thoroughly filled with the doctor's article and consider it of such vast moment to every homœopath that I wish to give first attention to it.

In the editorial comments on the doctor's article in the April issue he states that the plan set forth by the doctor is the same as that adopted by the Council of Medical Education of the American Institute of Homœopathy in 1908, and further states that the plan was well understood by the Council. If such be the case I am of the opinion that one of two conditions are at fault. First, that either the members of the Council or the committees appointed to look after it are not alive to their work; or, second, the details of the plan have not been properly carried out. Results are what count in these matters just the same as they do in our ministrations at the sick bedside. In my opinion the cause of the failure to bring results, and that is what is lacking in the case, is due to the fact that the isolated doctor has not been reached, and I myself belong to that class.

It should be borne in mind that the city practitioner alone should not be expected to do this work. Reach the man in the outlying district in a material way and he will not hesitate in regard to the money to meet the expense. How are you going to reach the physician in the outlying district? You can reach the city practitioner by the lecture plan as set forth in section 2 of the doctor's article, but not so the country practitioner far in the country. Evidently, as Dr. Cassaday says, you throw your time and money away lecturing to the physician. You must reach his clientele. Ignorance of the principles and some of the grosser workings of Homœopathy on the part of the laity is responsible for their lack of interest and confidence in Homœopathy. Educate the public as to the wonderful results that are being accomplished through the administration of homœopathic remedies and you will soon have your medical societies full, the homœopath will have all he can do all the time, his pockets will be full of money, and he will not need to even mention Homœopathy to the high school graduate nor solicit his attendance at the homœopathic college. He will know of it beforehand from the experience of his father's family with homœopathic physicians and he will seek the homœopath for advice. More than that: the allopathic directories will not then contain the names of so many so-called homœopaths with the H. omitted. Everybody will know who the homœopathic doctor is and will not be misled by the clerk in the drug store on the corner, who is always ready to lead everybody away from the homœopath.

The lecture plan will not meet the requirements of the city physician sufficiently. Not more than 5 per cent. of the laity will ever hear a lecture. The educational matter must be made so convenient for the public that no special effort will be required of the party to be reached. They must be reached through the mail either by slips or through the newspaper, as pointed out in Dr. Cassaday's article in Article 1, Section B.

The allopaths are waging an aggressive warfare, never losing an opportunity to belittle our little pills and sweetened water. This they have been doing continuously since the founding of our school. We must not be too fearful of opening our mouths in our own defense or the public will lose all faith in us as an organization.

Just here I must ask pardon for offering a suggestion at variance with the doctor's idea in Article I, B. The laity seems to resent any move on the part of the local physician tending to indicate that he would thrust himself on the people. Therefore I fear they would not take kindly to the doctor's plan of education. I would ask the local physician to pay for the slips sent into his territory, but that the A. I. H. bear the expense of the newspaper articles.

The Council of Medical Education must necessarily look to the local doctor for the names and address to whom the slips are sent, hence let the Council of Medical Education send them direct without the name of the local doctor appearing in connection therewith. Under this plan the practitioners in the outlying districts could readily see the benefit accruing to them, and they would promptly come to the front and willingly contribute for the expense. Whereas, under the present plan, you cannot expect the country practitioner to respond liberally.

I sincerely hope this matter will be thoroughly canvassed among the rank and file of the members of the homœopathic faith, and I feel assured that after thoroughly testing the above plan our organizations will present a better front to the public and thereby add dignity to and command the respect of "*similia similibus curantur*."

B. J. ROBINSON, M. D.

Walkerville, Mich.

75 Halsey St., Brooklyn, N. Y.,
May 20, 1913.

Editor MEDICAL CENTURY:

Dear Sir:

The enclosed letter has been sent to the President and Secretary of the American Medical Association, and I am notifying you of the fact in order that you may apprise your readers of one of the things which ought to come before the House of Delegates at the next meeting of the A. M. A.

The American Institute of Homœopathy, of whose committee I am chairman, thinks this matter is of great practical importance, and ought to be taken up and carefully and scientifically investigated. To do this we need the help of the largest organized body of American physicians. As our letter states, "this work should be managed by the whole medical profession, not by any single branch."

Trusting for your co-operation and support in bringing the matter to the attention of your readers in order to inform them of the fair and broad

spirit in which the American Institute wishes the subject considered, I beg to remain,

Yours very truly,

H. D. SCHENCK, M. D.,

Chairman for the Committee of the American Institute of Homœopathy.

75 Halsey St., Brooklyn, N. Y.,

May, 17, 1913.

To the President and Secretary of the American Medical Ass'n., 535 Dearborn Avenue, Chicago, Illinois.

Gentlemen:

In 1908 the undersigned were appointed a committee by the American Institute of Homœopathy to present to the American Medical Association on behalf of the homœopathic profession of the United States a proposition for a *joint* investigation of the scientific merits of the method of drug selection expressed by the formula, "*Similia Similibus Curentur*."

The committee has presented the matter to individual members of the House of Delegates, but we believe the matter has never been regularly presented to the House or to the Association itself, as a whole. We request that you bring the subject up for consideration and early action by both. For the following reasons it seems worthy of serious thought:

This rule has governed the selection of drugs in the treatment of diseases by a considerable number of medical practitioners for over a century. We feel that the time has come when this formula should be brought before the whole medical profession, carefully investigated by modern scientific methods and a determination made of the exact value of this method in the practice of medicine. We seek this—

First, Because the vountary testimony of a large number of physicians who do not understand the correct application of this method indicates their desire to make use of it.

Second, Because a large number of men who attempt its use ought to be able to get a better understanding of its true significance.

Third, Because we believe a large majority of the medical profession would have their usefulness and their power to benefit the sick largely enhanced by a thorough knowledge of this method.

Fourth, Because we believe that suffering is lessened and sickness more speedily and comfortably terminated through drugs administered according to the rule of similars.

Fifth, Because we feel that a careful investigation of this subject belongs to the whole medical profession and not to any single branch of it.

Sixth, We feel that such research regarding the formula of similars is desirable. Because the exactness of modern sciences with the present means of investigation, together with the accurate observation of the subjective as well as

the objective symptoms, make it expedient to investigate the action of many drugs coming into use at the present time, as well as to re-examine those long proven.

For the above various reasons we pray that your organization appoint a committee of five to meet a like committee from the American Institute of Homœopathy to discuss this subject with a view of attempting a demonstration of the accuracy of the theory of similars or of proving its falsity.

It seems to us that this joint investigation should be made under the auspices of some research laboratory like the Rockefeller Institute of New York or the McCormick Institute of Chicago. These institutions have the experts necessary for such a test; with trained eyes they could follow its course from start to finish. Whether the result of the particular investigation should prove satisfactory or not, the effort would not be wasted because a list of drugs in common use among the members of your association as well as ours can be selected for this study of their physiological action. These accurate observations would be of permanent value to both schools.

After careful investigation of the effects of these drugs in different strengths upon the human body, as well as observing their poisonous effects in animals, an extensive trial of their therapeutic efficiency should be made in some of the large public hospitals to test the action of these remedies in exemplifying this theory of drug administration.

In recent years every effort has been made to unite the medical profession. A large number of legal practitioners is kept from affiliation because of its belief in a method of drug selection, the truth of which is questioned by the majority. Let us make a thorough test of this hypothesis. If it be proven true, humanity will be benefited by the enlarged and improved armamentarium of all physicians; if it be disproven, the last obstacle to medical union will have been removed.

To the end, therefore, that the truth be established, let us put this theory to the test proposed. Naturally, we feel confident that the principle will be established, but in the interest of mankind we request that you join us in a scientific demonstration of the truth or falsity of the theory of cure promulgated by Samuel Hahnemann.

Respectfully submitted,

(Signed) HERBERT D. SCHENCK, M. D.,
Brooklyn, *Chairman*;

J. B. GREGG CUSTIS, M. D.,
Washington, D. C.;

WILLIAM RUFUS KING, M. D.,
Washington, D. C.;

ROYAL S. COPELAND, M. D.,
New York City;

FRANK RICHARDSON, M. D.,
Boston, Mass.;

ALONZO C. TENNEY, M. D.,
Chicago, Ill.;

FRED. W. WOOD, M. D.,
Chicago, Ill.;

BENJ. F. BAILEY, M. D.,
Lincoln, Neb.

A Gift for Homœopathic Research.

The announcement that Mr. Otto Beit, whose benefactions to medical science are already well known, has given £5,000 to the British Homœopathic Association to constitute a fund, the proceeds of which are to be devoted to research into problems of medicine, particularly those the solution of which is likely to throw light upon the range and mode of action of the homœopathic law, will not come as a surprise to those who know the true catholic spirit of the donor. It would be ungenerous, indeed, to cavil at such a magnificent donation towards medical research merely because this time the giver has not thought fit to bestow his favor upon the better known medical organizations, for the recollection of Mr. Beit's generosity towards the pursuit of medical investigation is fresh in the minds of all. Moreover, it must be admitted that the old-time prejudice against Homœopathy, largely born of ignorance, is gradually breaking down in the light of modern discoveries, for, after all, the whole of serum and vaccine treatment is but an adaptation, or rather an illustration, of the homœopathic law. Perhaps the name "Homœopathy" may need to be altered, for it is something like the proverbial red rag to most orthodox practitioners, and the term "single-drug therapy"—in microscopic doses, of course—might be substituted. An impartial scientific investigation of the whole system under the auspices of a committee composed of equal numbers of homœopathic and other practitioners would be most desirable with a view of establishing, or otherwise, the claims of a method of medical practice which has stood the test of a century and is still flourishing to-day in spite of all opposition.—*Medical Press and Circular*, London, Jan., 1913.

A Rash Assertion.

Dr. Friedmann was shown a copy of the Medical Record, in which Dr. Karl von Ruck, of Asheville, N. C., raised the doubt that Dr. Friedmann's tubercle bacilli derived from the turtle might not always remain nontoxic, or avirulent. This is what Dr. Friedmann said in reply: "My culture contains live bacilli which are nonvirulent and which will remain nonvirulent. Once nonvirulent, always nonvirulent. There is nothing to make them virulent. You can't make an apple out of a pear, can you?"—*Sun*.

MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY AT DENVER JULY 6th TO 12th.

Dear Sir:

The Transportation Committee would like the profession generally to realize that not only their wives and families are invited to join in our special train, but all of their friends, professional and lay, would be accommodated gladly.

Any one desiring a booklet sent to the name of their friends contemplating a trip west at that time, or any friends going with them, will be cheerfully supplied with booklets and all inquiries will be answered if they will take the trouble to write Mr. H. A. Gross, General Agent of the Chicago and Northwestern Railway, 148 S. Clark St., Chicago, Ill.

Yours very truly,
DR. C. E. COSTAIN,
Sec'y Transportation Committee.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION

The attacks and encroachments that have been and are now being made upon Homœopathy make it very necessary that more attention should be paid to the annual meetings of our international, national and State societies than ever before, and that they should be better attended and more active interest awakened. Unless homœopathic physicians wake themselves up out of the "sleeping sickness" and apathy that seems to affect them they will be rudely awakened by the loss of most of the privileges and rights that they now enjoy. There are fifteen thousand homœopathic physicians in the United States, only a small per cent. of whom belong to or take any interest in their associations and societies. Opportunities for showing some interest are now offered plentifully. The International Hahnemannian Association, that has ever been an active fighter for Homœopathy and has never in its thirty-six years of existence had a dull or unprofitable meeting, holds its next meeting in Chicago at the Chicago Beach Hotel on June 23, 24, 25. Come, doctor, get out of your rut, break into your routine, make the slight sacrifice of time and expenditure necessary and attend this important meeting. Its last meeting was pronounced by a competent judge to be as good as a month's post-graduate course. Do not forget it; it will pay heavily.

J. B. S. KING, M. D.,
President.

PHARMACODYNAMICS AND THERAPEUTICS.

BY A. E. HINSDALE, M. D., BAY CITY, MICH.
Phytolacca.

In Phytolacca we have one of the most conspicuous alteratives. In liberal doses even old school physicians have accorded to it properties

similar to those of the iodides. In some respects the latter have a wider, if not different, range of action, taking in especially the effusions and exudates of a plastic character. This is notably true in the late manifestations of syphilis. But in Phytolacca we have an agent with a peculiar affinity for the lymph paths and glands and one which exerts a remarkable alterative effect which is most prominently shown in the chronic affections with adenopathy. In Eclectic therapy the association of the curative effects of Phytolacca in enlarged glands has become a fixed therapeutic fact. When glandular swelling results from acute inflammatory affections of the throat or mouth Phytolacca is most often the effective agent for their reduction. Most specific medicationists are aware of its value in stomatitis with soft pultaceous ulcers situated upon pallid membranes within the cheeks and seemingly dissolving the tissue away. In this direction the benefit comes not alone in curing the aphthous condition and thus limiting or preventing further glandular absorption, but, after absorption has taken place, it is usually the most direct agent to stimulate the glands to normal function and thus reduce engorgement.

A long experience with Phytolacca has convinced us of its great value in reducing chronically enlarged tonsils, though the process is exceedingly slow. Yet this is, in our opinion, far preferable to the "massacre of the tonsils," which should never be perpetrated without the very best of reasons. Rotten tonsillar tissue, chalky deposits and tonsils so greatly and permanently enlarged as to greatly embarrass breathing may justly call for extirpation. But merely enlarged tonsils, without impeded breathing or septic conditions, is no valid reason for surgical haste. Such cases do well on Phytolacca and usually also present other symptoms calling for alterative medication in which Phytolacca has given the best results. It should be used long and religiously internally, and occasionally applied locally, unless too much local action is excited thereby.—*Eclectic M. J.*, April, 1913.

A Heart Symptom of *Lilium Tigrinum*.

Lilium tigrinum has a sensation as if the heart were squeezed in a vise, and as if the blood had all gone to the heart, inducing a sensation as if the patient were compelled to bend double. There is an accompanying symptom of an inability to walk straight. *Lilium tigrinum* is an analogue of *Cactus grandiflorus*, which has a sensation of constriction of the heart as if a band of iron prevented its proper movement. The heart symptoms of *Lilium tigrinum* are generally worse at night. The sensation of a heavy feeling, as if the blood were all shut up in the heart, is a prominent symptom, and characteristic of the drug.

Œnanthe Crocata in Epilepsy.

This drug very closely simulates epilepsy, and is indicated when there is sudden and complete loss of consciousness, livid, swollen face, frothing at the mouth, dilated or irregular pupils, and convulsions, with locked jaws and cold extremities. It acts best in either the 3x or 6x potency.

Œnanthe Crocata.

Decreases the fits fully forty per cent. in frequency, the convulsions become less severe, there is less maniacal excitement prior to the fits, less sleepiness, stupor, and apathy afterwards, and the debilitating effects are more easily overcome.

Acidum Picricum in Lumbago.

This remedy should be borne in mind, in cases of lumbago, where the pains are of a dull character, heavy and dragging. There is a general feeling of weakness, and sexual excitement is often a prominent symptom. It is best administered in the 3x trituration, from 10 to 30 grains every four hours.

Chimaphila Umbellata in Catarrh of the Bladder.

Chimaphila is indicated when the following symptoms are present:—Offensive urine, turbid, containing bloody or ropy mucus, with a copious sediment; burning and scalding during urination, followed by *straining*; difficulty in beginning to urinate, with a deal of *straining*; urine often foetid; scanty urine, acute prostatitis, accompanied with retention of urine, and a feeling as of a ball in the perinæum whilst sitting; great urging to urinate, constantly waking; urine often increased, and of a greenish hue; a *fluttering* sensation in the region of the kidneys, shifting from one kidney to the other, painless, and without uneasiness; a feeling as if the blood was on fire, with dry skin, hot flushes, burning of the feet and sexual excitement. It is best administered in the 1x dilution, 3 to 5 minims three or four times daily.

Acidum Oxalicum in Lung Pain.

Acidum oxalicum 3, 3 minims every three or four hours, should be given in cases where there is present a pain through the base of the *left lung*. In these cases it is far more prompt and efficient in its action than either *Bryonia alba* or *Phosphorus*.

Acidum Carbolicum in Leg Cramp.

* This remedy is indicated when, during walking, there are cramps in the forepart of the leg, either right or left, close to the tibia; gnawing pains in the shin-bones. A contraction of the calves, of a very painful character, whilst walking, is also a prominent symptom. Note the keynote indicating the remedy, "*whilst walking*." It should be given in the sixth centesimal, 3 minims every four hours.—*Frederick Kopp, Greenwich, N. S. W., in Homœopathic World, March 1, 1912.*

TO THE HOMŒOPATHIC PHYSICIANS OF
THE UNITED STATES:—GREETING.*

HERE IS A GOOD INVESTMENT. SUBSCRIBE
NOW.

BY FRANK F. CASSEDAY, PH. B., M. D., PORTLAND,
OREGON.

I WANT to thank every physician who has written to me endorsing my plan of propagandistic work for the cause of Homœopathy. It certainly warms the cockles of my heart to see there is a big lot of earnest men in the United States who believe in Homœopathy and desire to see it taken before the people, the laity of the country, and kept there by good, sensible, forceful methods.

Now we are all agreed on the need and we have a practical working plan. The next thing is the money.

When I signed a card for the subscription to the Campaign Fund for \$2.00 per year for five years I thought what a pitiful little sum—just two little plunks, the price of a good seat at the theatre—to help advertise Homœopathy to the laity and try to save some human lives. It reminded me of the old fellow who said he knew the gospel was free, for he had sat under it for more than fifty years and all it had cost him was twenty-five cents.

Homœopathy is worth more than that. There is not a single homœopathic physician in these great United States who cannot afford to give at least \$2.00 per month, or twenty-four dollars per year. There are some who can and will give from \$50.00 to \$1,000.00 per year. The money is not desired all at once, but can be paid quarterly in advance, making it easy for all concerned.

These subscriptions cannot be regarded as gifts in any sense. They are investments pure and simple which will return big dividends to each and every investor.

If some responsible person was to call upon you and me and lay before us a reasonable plan strictly professional in every way whereby each dollar we invested in such a publicity plan would return us from ten to one hundred dollars in cash monthly year after year, I do not think either one of us would have to be chloroformed before signing up and paying our money on such a deal.

That is exactly what this publicity plan will do for each practicing physician who invests in our Publicity Plan. The returns will begin at once and will grow in increasing volume as the plan grows and develops.

Here is an investment which touches your very life and existence as a man and practicing physician, and in making this investment you are helping yourself to a good income and perma-

*Written for the MEDICAL CENTURY.

ment business. How do I know it? I will tell you. A month ago I dined with a friend who had heard little of Homœopathy. My wife (who is 'also a good homœopathic practicing physician) and myself carefully explained it to him. Since then he has taken treatment of me and paid me \$40.00 cash. If ten minutes' earnest talk of a convincing character to one single individual will yield \$40.00 without the payment of a dollar's worth of publicity, does it need any further argument to prove that \$25,000 to \$75,000 expended in a country wide publicity campaign will yield a thousand times this sum to each investor.

Send in your subscription to Dr. W. A. Dewey, Ann Arbor, Mich., or to Dr. George Royal, Des Moines, Iowa, and do it now. Invest a hundred dollars a year, or any sum you feel you wish to invest, and it will pay you in good hard dollars.

INFANT FEEDING.

BY S. B. LESLIE, M. D., OKMULGEE.

THE early history of infant feeding affords some interesting reading. Before the eighteenth century children were seldom spoken of in literature, and it is only in medical literature and in old family letters that we know they ever existed. In the letters we find that high-born mothers expect to lose some of their many children during teething or weaning, while in the medical books but one subject is spoken of, *i. e.*, breast feeding. Cow's milk had not been thought of. The wet-nurse had been well established two centuries previous and maintained her position for three hundred years until the nineteenth century, when the sucking bottle, a sort of a pocket wet-nurse, was her undoing.

Tactius, just before Rome fell into decay, lamented that grave matrons, who in former times used to suckle their own children, now gave them over to Grecian slave girls, and they prophesied an impending judgment on their own race. The physician's duty was to select the wet-nurse. Red-headed, evil-tempered or slut-tish wet-nurses would give vices to the child. If she ate indiscretely she would give off scabies. John Peachy, in 1679, advises a merry wet-nurse and not to wean the child until it had all its teeth. He said: "Wise people will not wean their child on the wane of the moon." Water pap or bread and water boiled together that sick children would get.

Dr. Michael Underwood early in the nineteenth century, who gave us the earliest description of poliomyelitis, was the first to analyze various milks and recommend cow's milk for the average child. He also advocated rice water and reducing the nursing period to twelve months or until four teeth were cut.

Cow's horn was used as first nursing bottle. France contributed a great feeding bottle with glass tubes to conduct the milk and let in air with a large receptacle called the "mammy." This soon fell into disuse because in unhygienic makeup.

But the desire of the essayist is to give a practical paper on what to feed the baby when the mothers will not or cannot nurse them. There would be no problem to infant feeding if the mother was healthy, normal and with proper glandular development, and were willing to nurse their off-spring. A great per cent. of the infants that die under one year of age have a lack of proper nourishment as the cause. This question then becomes one of great importance to physicians. For every infant saved there may be developed a good American citizen.

There are a good many diseases that the mother may have that would seem to offer a suitable objection to nursing the baby, *i. e.*, nephritis, valvular heart diseases, tuberculosis, mastitis, epilepsy, hysteria, pregnancy, syphilis, acute and chronic infectious diseases, etc. Then again there may be deficiency of milk or the milk may be of a poor quality, or there may be some anomaly of the breast development. I notice some very good authority would allow their syphilitic or nephritic mothers to nurse their young. In such cases the wet-nurse of good health would offer a good solution of such questions. But the greatest question to the general practitioner is what shall we do when the mother fails and a wet-nurse is not available?

When it is demonstrated that the baby will not thrive on the breast of the mother, and another breast substitute cannot be found and adopted, high proteid cow's milk should form the diet. There is no doubt but that modified cow's milk is the first substitute for mother's milk to think of, although there is a great difference between the two. In spite of this fact it approaches most closely the demands of the infantile organism. We know that there is less proteids and more fats and more milk sugar and salt in cow's milk than human. The proportion is as follows: Human milk has 61.5% of casein and 38.5% albumen; cow's milk, 85.77% casein and 14.3% albumen. The richer the milk in albumen the more easily digested. Casein renders digestion more difficult, so the casein of cow's milk will coagulate in the stomach in large, firm lumps; the mother's in fine, small flakes. The fats, too, differ sometimes, and the mother's milk being conveyed directly from the breast to the stomach is of course sterile.

Then taking it for granted that cow's milk must be substituted for the mother's we must note some of the objections and how to meet them. Some objections are as follows: It is subject to many contaminations before it is prepared for the infant stomach. It is said that tuberculosis of the bowels and glands can be

accredited to the milk of tuberculous cows and the production of clean milk and safe milk is expensive. However in our cities the health officers are establishing milk stations and are giving better milk for the babies. This is a step in the right direction. The death rate has been reduced considerably all over this country—cities and rural population—because of pure milk. In the country and smaller towns, where the most of us reside, the question of pure milk is being discussed with some good results. Every physician in Oklahoma ought to feel it imperative to tell his patrons how to care for the barnyard, the stable, the water supply, grooming the cow and giving especial attention to the udders. Then the milkers should be clean and use the white apron. Small animals, such as cats and dogs, should not be allowed around where they are milking the cows. The dairy vessels are a source of great contamination and unless a good deal of care is used to keep the vessels clean infection will be carried to the little ones. I think the examination of cow's milk should be made by competent chemists whenever there is any question as to the purity of milk.

The first thought in the modification of cow's milk is grossly to make the chief nutritious element in the food prepared from cow's milk correspond to the nutritive element in human milk. The proteid and sugar must be increased and fat reduced in slightly below that usually found in mother's milk, as the infant's capacity for cow's milk fat is less by from 15 to 25% than for human milk. The proteid element in an infant's food is its chief nutritional element. This has to be reduced to approximately the proportion that exists in human milk and can only be done by dilution. The diluent may be plain water or cereal gruels. The offending substance in cow's milk is the casein, and it is to cut that down that you make your dilution and not the proteid. Then when you do that you will cut down the fat to almost starvation point if you are not very careful. Now if you have a case of diarrhoea—green stools, mal-nutrition—you had better look into the amount of fat.

The laboratory method is used by a great many physicians in reach of such. I mention this method of percentage feeding because it has many admirers. It has its objections, however. The present supply of milk sugar is not good. Dr. Coit, of Newark, has given this question close study and he says the milk sugar we get now is very inferior. He has shown how toxic this sugar is. Also in Berlin a few months ago a series of investigations were made, showing conclusively that many toxic results were due to the milk sugar. Another objection to the laboratory method is the use of the centrifuge. It practically crushes the milk, breaks it up; then you add milk from another source of questionable purity. However the laboratory method

has its advocates and admirers, and those I would refer to Sodd's Card for percentage feeding. This card can be had by writing to F. H. Thomas Company, publishers, 707 Boylston Street, Boston. Dr. Roach is the author of a book from which you can get the fundamental principles of the method of percentage feeding from the above publishing company.

But to the many of us the home modification of cow's milk appeals because we do not have access to the laboratory. With the home modification of cow's milk the mother should receive written instructions and not verbal. Tell the mother what part of the top milk and what part of water or gruel to use. After three months it is advisable to use cereal water, such as barley, rice, oats or wheat should be the diluting substance. This is better than just plain water. At one month the proportional part of cream and water should be one to six. Increase the top milk as rapidly as the child will take it, obtaining the proportion of one to two at three months of age, equal parts at six months and full milk at one year of age.

This practical method makes the baby sleep and growth is the result. At the end of two or three weeks the baby ought to sleep from ten o'clock in the morning to six in the afternoon without interruption. The test of growth is a quarter of a pound a week. Be sure and supplement breast feeding the first month if the baby does not come up to this standard. This is the plan that I try to carry out with my mothers. With a great many of them their life is so occupied with making ends meet that they cannot furnish sufficient mammary supply to bring our present-day babies up to the maximum. However I am glad to note that the babies are better fed today, better nourished, are larger and heavier than their fathers of a generation ago.

Other foods than those mentioned here have been used with some degree of success. Condensed milk, for instance, finds favor with many because it is sterile, cheap and easily prepared. Your Holland patients bring up healthy and robust babies on oatmeal gruel. Barley and rice water, albumen water and peptonized milk, as well as many other prepared foods too numerous to mention here, are on the market. The goat's milk of Switzerland is more like mother's milk than cow's. The asses' milk of the oriental countries is used almost altogether in the old countries, but both of these are beyond our reach and deserve only mention here.

After all it would be best if all prospective mothers would be taught how great a privilege it is to give the child the food nature intended for it. No effort should be spared to induce such a happy and beneficial consummation. Proper food, diet and exercise and freedom from worry and overwork should be a means to the end that the little helpless baby may have a fair chance for its life.

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No. 6

EDITORIALS.

SUGGESTIONS TO THE AMERICAN INSTITUTE.

THE American Institute of Homœopathy at Denver in July has a clear field of action and it is devoutly to be hoped that it will rise to the occasion by mapping out a definite, radical program for adoption and execution.

In the first place it should resent by resolutions the trick that was played upon it at Pittsburgh last year by the emissaries of the American Medical Association, who, as was to be expected, garbled a report so that through the Associated Press the public was given to understand that the Institute had endorsed the A. M. A.'s Owen Bill, when, in fact, the committee of the A. I. H. had specifically refused to endorse such a resolution.

Such perfidy and rascality should be condemned in the open and in such definite terms that none will fail to understand its import. Added to this resolution, or preferably by separate action, there should be a denunciation of that same A. M. A. Owen Bill, which has been introduced in the present extraordinary session of Congress, providing, as it does, for a Federal Department of Health, with a doctor (allopathic to be sure) in the President's Cabinet. This bill as it now appears on the calendar of the Senate but voices the original intent of the A. M. A.-Owen crowd and it should cause deep reflection by those who were silenced by the several amended bills offered by the resourceful Senator from Oklahoma, who tearfully plead for "the conservation of human health," while at the same time the medical trust which he was representing, and yet represents, did not hesitate to acknowledge that the amended bill was to be used only as

an "entering wedge"—the compromise having been offered simply to modify the opposition.

The resolution bearing upon this matter should carry a preamble setting forth the history of the A. M. A.-Owen Bill, together with a recitation of the unhappy experience our school has had with the proponents of monopolistic State medicine, who are behind the political program in question.

Furthermore, the Institute should pass a resolution calling upon its members in the several States to fight without ceasing, for separate boards of examination or registration, of homœopaths for homœopaths.

This resolution would be in line with a recommendation made by President Carmichael in his address at Pittsburgh and also would conform to the oft-repeated plea of the late, lamented Arndt.

After passing this resolution (not before) the Institute should then put into force a resolution similar to the one offered by Dr. Henry R. Stout at the Pasadena meeting, which was in effect that the homœopath upon his election to the American Medical Association, or to any of its subsidiary organizations, surrenders thereby his membership in the American Institute of Homœopathy and its associated bodies.

The Institute must lead in this much needed reform, and it has the right to require of every member that peculiar demonstration of loyalty to the principles for which it stands. Even though we should suffer numerically from this stand, the affliction would be only temporary, for indeed the American Institute of Homœopathy would far better be *fifteen hundred strong* than *fifteen thousand weak*.

Still another matter of which the Institute should take official cognizance at Denver is that of the American Medical Association's association of American Medical colleges.

We have nothing to gain and certainly much to lose by submitting to the dictates of this subsidiary of the trust, and if our colleges are to live at all we must demand and enforce our right to conduct our own institutions of learning without presumptuous interference from hostile aliens.

There are perhaps other matters that call for action by the Institute this year, but none is more important or even so important as the ones here suggested, and if they are made effective we may be sure that piracy in medicine will re-

ceive a body blow from which it will never fully recover, while at the same time Homœopathy will receive a new impetus that will prove a blessing to the school and a benediction to those whom it would serve.

L. P. C.

PLAYING TO THE GALLERY.

IT has been widely circulated and heralded that Dr. Flexner has reduced the mortality of cerebro-spinal meningitis from 75 per cent. to 15 per cent. It was put by Dr. W. W. Keen last December at "20 per cent. or less."

It has also been widely circulated and heralded that the death rate in diphtheria is now a negligible quantity since the advent of antitoxin, that typhoid fever has now been conquered—in other words, that serums are the cause of the wonderful diminution of mortality in infectious diseases.

We believe much of this roseate coloring of the actual conditions is due to the efforts of the Medical Trust, which is striving to so install itself in the hearts of the people that it shall have complete control of all medical matters. Much of the violent opposition to Friedmann and his serum is due not so much to its untried and unproven value as to the fact that the Medical Trust was not the promulgator of the same and was probably not consulted in the premises. We are led to believe this for the reason that nothing that does not bear the mark, made by the Medicofarbenfabriken of Dearborn Avenue Company, is worth considering, especially by its Council on Pharmacy, at the helm of which is a non-practicing physician, made in Germany.

The New York Health Report on Serums and their effect, just published, has not been censored by the Medical Trust, for we find the following startling statistics:

In 1912, 373 cases of cerebro-spinal meningitis were reported, 336 of which were fatal, a death rate of more than 90 per cent., and this right in the door-yard of Dr. Flexner and the Rockefeller Foundation, in the laboratory of which the death rate is reported as 15 per cent.

In 1912, 17,038 cases of diphtheria and croup with 1,625 deaths; scarlet fever, 18,406 cases with 789 deaths. With practically the same number of cases there were twice as many deaths from diphtheria as from scarlet fever. "In diphtheria the serum was used in practically every case." There is no serum for scarlet fever.

The United States Public Health Reports of June 12, 1912, says in respect to the Philippines: "There is at Manila almost a steady increase in the number of cases and deaths reported from diphtheria," in spite of the fact that antitoxin is always given.

The New York State Reports show also the real reason of the lowering of the typhoid mortality lies in the constantly improving sanitation and hygiene, which lowering of mortality will, however, be claimed to be due to anti-typhoid vaccine. In ten years, however, the ten years previous to the advent of typhoid vaccine, the mortality in typhoid fever had decreased from 18.6 per 100,000 to 11 per cent., this alone due to sanitation.

The *Critique*, of Denver, in commenting on this question, which was exposed in the *Denver Republican* of April 9th, aptly says: That this condition will continue as long as the American Medical Association can spread this spurious serum germ gospel free of charge under the guise of news. We have seen the methods of Dr. Wiley in Dayton quoting conditions that were proven untrue by the records and we see its continuance by the ever-industrious Medical Trust, of which he is a shining light and doubtless candidate for the Cabinet position in the department which is to spend millions upon millions of money.

We have no quarrel with serums or vaccines. They are useful when indicated, and it is only the homœopathic physician who has the necessary training to know when they are indicated.

PRESIDENT HINSDALE'S BUSINESS ADDRESS.

(Furnished by Request.)

IN the preparation of this report and the accompanying suggestions the opinions of the individual members of the Board of Trustees have been sought and liberally appropriated. That body with its members elected for a long term must have a wider vision of the needs and far-reaching influences of the Institute than any officer whose tenure is for but a single year. In the conception of the speaker, the American Institute of Homœopathy never goes into a state of suspended animation. It is a living, virile body, always sufficient through its permanent boards, councils, committees and secretary to carry on its functions uninterruptedly. The an-

nual convocation continues for but a week. After adjournment of the general session the Institute cannot legislate again as a democratic body until another year passes. Its government then becomes representative and through its representatives questions arising, as emergencies, unfinished business or as new business requiring promptness of action, can be considered judiciously and disposed of wisely. For this reason these representatives must be mindful of their trust and, if need be, stimulated to a full appreciation of their responsibilities. To become a member of the Board of Trustees, to become a member of the Council of Medical Education, to become a member of any standing or special committee, or to hold the position of General Secretary of this Institute, is to assume a trust that demands a wideness of view, an energy of purpose and a sacrifice of time, expense and ease in behalf of the general welfare. To assist in directing these activities as a constitutional prerogative, upon request or by authorization, is the duty of the president. The business judgment he manifests should be the measure of success of his administration rather than any artistic manipulation of verbiage he may display upon "any subject relating to medical science."

Without intending any severe criticism, without any thought of personal reflection upon any individual, no one can review the history of our organization without observing that some of its important measures have been experimental experiences and postponements of definite settlements that should have been permanent. To insure solidarity and to warrant the execution of definite, far-sighted purposes, the element of time must be considered. No committee or other sub-agency of this organization or of any other deliberative body can have continuity of purpose without the assurance that sufficient time will be allowed for its development and application. For this reason it has been the aim during the past year, so far as possible, to place every permanent committee upon at least a five-year basis, this, of course, being done through the action and consent of the trustees.

To illustrate: the Council of Medical Education who, among other things, have had something to do with directing the work of the Field Secretary, when one was employed; with the accumulation of data for the use of colleges; with the gathering and tabulating of statistics

for the benefit of those who may either request or legally demand them, has been rather fitful in its work owing to the time limits and other hindrances that have been encountered. They, the same as other committees, should lay plans for at least a five-year programme. If then, with co-operation in their measures, which are presupposed to be sensible ones, they have not demonstrated their usefulness, they should be legislated upon according to their merits. The Council is certainly to be commended upon the schedule they have recently issued. Nothing can be gained by meddlesome interference until the test of time has been applied.

It is suggested that the Council of Medical Education assemble data giving the educational life-history of every man who enters a homœopathic college. If they do not do this it will transpire, probably under authority of certain medical boards, that some one else does it for them. To make themselves appreciated as a body deserving recognition they must at all times be able to furnish whatever information any State Board of Registration may request, although this kind of service is not the most important one they can perform.

Trustee J. P. Sutherland, a member of the Council, in a recent letter writes:

"Publicity is the watchword of the hour. Associations of men engaged in public work of any kind must admit the public to their confidences. To continue to grow in usefulness wide co-operation is necessary, and a medical association, engaged as it is in hygienic, sanitary, legislative and social work, in addition to its purely scientific interests, medical, surgical and preventive, must make reasonable effort to secure the interest and support of the laity,—for the laity is the great body whose welfare is under consideration.

Propagandistic Work. (1) Quiet missionary work of the individual practitioner; (2) the more public work of lectures, addresses and distribution of literature of a medical nature; also the enlistment of the daily press and the use of magazine articles.

Medical Education. The profession as a whole should have a voice in establishing standards rather than allow the decision of such matters to rest with State boards of examiners, councils on education, boards of health, etc. A distinction should be made between an education that fits one to be a teacher, research worker or

scientist, and an education that fits one to be a successful practitioner. Is a five-year course necessary for the latter? The Institute should consider the matter and form definite ideas and plans in connection with it.

The standards for *medical licensure* should be unified so that reciprocity might become national in its application.

The activities of the *International Homœopathic Council* should claim the support of the entire profession."

With language like that coming from a member of the Council, largely entrusted with the matters to which it refers, who will deny that Council any facility it may require in carrying out the plans?

Every graduate in Homœopathy should be sent forth as a propagandistic agent of his therapeutic beliefs and a missionary of his college.

The College Alliance, which was organized upon February 25 in Chicago by a number of college representatives, it is hoped, will be able to form closer relations and more friendly co-operation among faculties, and encourage the betterment of medical educational methods. It should have the power of initiating and executing such measures as will conduce to a widening of our influence among educational and learned bodies, and particularly of the dissemination of a correct understanding among the laity as to what Homœopathy stands for in the medical world. It is recommended that the Institute give it ratification.

Trustee G. J. Jones writes:

"If students can pass successfully a reasonable examination before a State board that is all that board has a right to ask."

He protests against encroachment upon the chartered rights of colleges and raises the point that every State medical examiner should be qualified under the rules he imposes and be adequate to passing his own examinations. These are matters that might very properly be referred to the College Alliance, the Council or to them conjointly for consideration.

Trustee Mary E. Hanks believes the custom sometimes observed of distinguishing between the sexes in assignment of work among the members to be entirely wrong and that the women, who are such an efficient agency for all things that conduce to professional and society improvement, be permitted to co-operate in all Institute

enterprises because they are physicians, and not because they are women practicing medicine.

Trustee T. H. Carmichael, also chairman of the Committee on Pharmacopœia, calls attention to the report of his committee. Dr. Carmichael states:

"The second revision of the Homœopathic Pharmacopœia of the United States brings the standard up to date, as it includes the new atomic weights, the substitution of some new remedies for others of less importance, the correction of errors and such other changes as will increase the efficiency of the work. In it our school has a work upon pharmacy which is of the highest value as a thoroughly scientific guide in the preparation of our remedies and there should be no further opposition on the part of pharmacists to its universal adoption."

Trustee J. P. Cobb regards the subjects of pre-medical education and hospital requirements, medical legislation, both federal and State, Institute finances, including endowments, participation in the popular movements of the day, child welfare, anti-tuberculosis, conservation, organization and the question of the Journal,—very properly of great importance and pressing, not only for consideration, but for lively action.

Trustee A. B. Norton, chairman of the Finance Committee, insists that continued strict business methods on the part of the officers and committees will save money and develop more power of that which is expended; that the budget system inaugurated this year should be followed out in more detail and the checking system made to apply sharply to all proposed expenditures before requisitions are honored; that the seniors be requested to continue to pay their accustomed dues after arriving at seniority. Since in actual life it is quite impossible to separate sentiment from finances and since every question ultimately becomes one of money, the recommendation is endorsed by the trustees. The members of the Finance Committee believe that the methods now employed in the management of the Journal will make that enterprise not only self-supporting, but a source of revenue.

Trustee and Treasurer T. Franklin Smith suggests that the Board of Trustees have a meeting in Denver after the election of new members. This suggestion appears very practical and should be observed.

The following questions appear pertinent:

Ought not the fund in the hands of the Committee on Drug Proving to be applied to its intended purpose or diverted into some other direction so that immediate benefits may be derived therefrom? Ought not State societies to be advised to inaugurate systematic propagandistic enterprises, such as the establishment of lecture bureaus and the issuance of popular exposes of Homœopathy? Ought not the secretary of the Institute to be put upon full pay and full time that he may accomplish some effective field work as well as conduct the Journal and act as clerk?

The trustees at their meeting held in Cleveland, Ohio, December 6 and 7, after much deliberation decided it to be very much to the best interests of the Institute and the profession at large to change the fees for new members in accordance with the following schedule: One dollar, to accompany the application, for the first year of membership; two dollars for the second year; three dollars for the third year, etc., until the maximum fee of five dollars be reached, after which time five dollars shall be paid annually. If the applicant desires to be a subscriber to the Journal an extra dollar must accompany the application for the first year. Of course every applicant, if he is not naturally disposed to take the Journal, should be encouraged to become a subscriber. It is believed that this modification of the fees will appeal to the Institute as being a wise measure and that it will be ratified.

The speaker would be very ungrateful if he did not commend the various committees that have worked during the year in their respective fields. Language fails him to convey his sense of gratitude to the Board of Trustees. He wishes also to mention particularly the committee that have had in charge the solicitation of new members, the Council of Medical Education, and the ever-readiness with which the Secretary has assisted both by his counsel and by his labors. Each of our periodicals will please accept thanks for the persistent efforts they have made to maintain the dignity and to augment the influence of our cause and to bring together a large and a working attendance at the annual meeting. The Transportation Committee and the Local Committee on Arrangements have been indefatigable in their efforts to make the journey to the place of meeting comfortable, pleasant and profitable, and the stay in Denver agreeable in every particular. These two committees are richly en-

titled to a vote of appreciation and of gratitude.

The President reports that during his term of service he has visited the State Society meetings of New York, Michigan, Ohio, Illinois, Missouri and Wisconsin, besides several local and district societies. He influenced the Finance Committee and the Treasurer to contribute one hundred dollars to the relief of such homœopathic physicians as suffered in the flood of Dayton, Ohio. He has written over two thousand letters and fifteen articles for journals; given fifty addresses, and arrived at the conclusion that the presidency of the Institute, while being a distinction and a great honor, of which fact he is duly appreciative, is an onerous task, carrying with it a responsibility, the sense of which grows as the labor increases and as time advances.

A PROPOSED MEDICAL TRUST.

HISTORY repeats itself. We rejoice patriotically over the victory so beautifully recorded by Longfellow in his poem on Paul Revere and his famous ride, "On the Eighteenth of April, '75." At that time invading foes threatened the welfare of our country and its homes. At the present time our threatening foes are not always so plainly visible, for they appear sometimes in the guise of friendly or altruistic efforts for humanity, in which lurks venomous poison that will prove destructive.

There is pending before Congress proposed legislation originally known as the Owen Bill, and later as House Bill No. 1, framed by Senator Owen, of Oklahoma, the purpose of which is to establish a Federal Bureau of Health—later, probably, to be developed into a department of health. This bill has failed of passage for the last three years; at the last session it failed on a tie vote. The Democrats are for it. This bill poses as a friend to humanity, but it is being pushed by a limited number of medical-commercial-trust politicians whose object is to get Government control of the practice of medicine, the hospitals, the manufacture of all remedies and medical and surgical appliances, and forever after compel submission to its yoke; also to destroy all independent schools and practitioners. One result of the passing of this or a similar bill would be State Medicine, with no opportunity on the part of the citizen of this professedly free Republic to choose either his desired school of medical therapeutics or his individual physician. This

may not have been the intent of those who framed this bill, but it is the way it will work out if Congress passes it. Another result would be the enforcement of rigid medical laws and high educational requirements, also professional opposition and persecution, for those who are independent in their medical beliefs and methods of practice and who deem it their first duty, as physicians and citizens, to restore, protect and increase health, even if their lack of orthodoxy is displeasing to the self-constituted "High-priests and Elders" of the profession; while for the supple and obedient, who know how to be "considerate" and who bow when the great ones speak or pass, there will be easy admission, easy money and no need of conscientious efficiency. Verily, mediæval inquisition methods combined with modern graft!

The Pilgrim Fathers settled in this country that they might have religious freedom. But religious freedom is not the only kind of freedom that is necessary. Dr. Benjamin Rush, one of the signers of the Declaration of Independence, said: "The Constitution of this Republic should make special provision for medical as well as religious freedom. To restrict the art of healing to one class of men and deny equal privilege to others will constitute the Bastille of medical science. All such laws are unAmerican and despotic. They are fragments of monarchy, and have no place in a Republic."

The Owen Bill threatens American freedom. If it, or any similar bill, becomes law it will bring one more interfering and dominating trust into our American life—a trust that no tariff changes will dissolve, and it will probably make necessary in times to come one more bitter struggle for liberty. Our humanitarian journals are spreading the alarm and educating the people to the perniciousness of this proposed legislation. It is the duty of the people in the various districts to enlighten the Representatives in Congress, of the respective districts, as to their desires and let them know that this proposed legislation is not primarily for the scientific advancement of the health of the nation, but for the purpose of ultimating into a political-medical-commercial-trust those who have already by their guerilla methods succeeded in converting the medical department of the United States Army into a "political kitchen" in which to cook up their various schemes.

There is no time to lose. Earnest and concerted action against this proposed injustice is necessary. Every American who is a lover of liberty ought to take a firm stand against this intended medical trust, and endeavor in every legitimate way to prevent the passage of any bill that will give it legal status and authority. Monopolies come into existence and become powerful and harmful in a democracy because of indifference of the people and through lack of intelligent, determined and systematic opposition.

THE CLUB.

NEWS ITEMS.

ARKANSAS.

Dr. Scott C. Runnels, formerly of Indianapolis, son of Dr. O. S. Runnels, succeeds to the medical and surgical practice of the late Dr. W. E. Green, of Little Rock. The MEDICAL CENTURY extends best wishes to Dr. Runnels in his new field, which is almost excellent one.

CALIFORNIA.

The stage in the Scottish Rite auditorium was well banked with spring flowers in most artistic arrangement last night in honor of the thirty-first commencement of the Hahnemann Medical College of the Pacific. The adornment also included a miniature model of the Hahnemann Hospital, showing the proportions and design of that institution. Sixteen graduates received diplomas, which were conferred by Marshall Hale, president of the board of trustees of the hospital. An address was made by Samuel M. Shortridge, and prizes were presented by A. K. Crawford, M. D. The dean of the college, Dr. James W. Ward, made appropriate remarks, and the evening's program was varied by music by an orchestra. Mrs. Byron McDonald sang Galtalden's "Forbidden Music," accompanied by Otto Feissner, and the announcement of hospital appointments was made by Dr. E. R. Bryant.

The graduates were John L. Beard, San Francisco; Paul DeW. Barnes, Berkeley; Charles E. Brown, Fresno; Otto D. Chamley, Los Angeles; Howard B. Dixon, Cupertino; Cuthbert M. Fleissner, San Francisco; G. B. Henke, San Francisco; Earl W. Hill, Eureka; Harry P. Krummes, San Francisco; Charles L. Morris, Santa Barbara; L. Beatrice E. Oakley, Wheatland; Victor L. Rocho, Los Angeles; Lee S. Seward, Los Angeles; John J. Smith, San Francisco; William E. Steele, Olympia, Wash.; Horace E. Warner, Los Angeles.—*San Francisco Chronicle*.

ILLINOIS.

The American Radio-Thox X Company, of which Dr. E. S. Bailey is founder, had an interesting exhibit at the Illinois State meeting in Chicago.

Dr. Burton Haseltine, president of the Illinois Society, opposed, before the House Committee, the appropriation of \$200,000 by the state in order to relieve the indebtedness of a privately owned corporation as is the College of Physicians and Surgeons, which is asking to be taken over by the State University.

The State Society met at the Hotel Sherman on May 13th-16th, and was splendidly attended by physicians from all over the state. Dr. Haseltine made an ideal presiding officer, and his address was of the masterly progressive and aggressive type. Those who attended the meeting from without the state were: President of the American Institute of Homœopathy, Dr. W. B. Hinsdale, of Ann Arbor; Drs. Dean W. Myers, R. R. Mellon and W. A. Dewey, from the same city; Dr. I. O. Denman, of Toledo; Dr. Frederick M. Dearborn, of New York, and many others. The following officers were elected for 1914:

President, Dr. J. W. Caivert, Bloomington; First Vice-President, Dr. A. C. Tenney, Chicago; Second Vice-President, Dr. William Honn, Champaign, Ill.; Secretary, Dr. G. M. Cushing, Chicago; Treasurer, Dr. E. C. Sweet, Chicago; Necrologist, Dr. Mary E. Hanks, Chicago.

KANSAS.

The Kansas State Homœopathic Society met in Kansas City on May 7th for its annual convocation. Dr. O. L. Garlinghouse, of Iola, presided.

MASSACHUSETTS.

Dr. Harold Francis Simon, of Winchester, and Miss Lilian Webster, of Malden, were married in Malden, Thursday, April 17, 1913. Dr. Simon was interne at the homœopathic hospital two years, and then settled in Winchester, where he has a good practice.

Dr. Herbert F. Gammons has moved from Brockton to Neponset, where he has taken the practice of the late Dr. C. R. Thomas, who was fatally burned by an explosion of his gasoline tank on his automobile. Dr. Gammons will continue his specialty, tuberculosis, and will also do general practice.

Dr. W. H. Watters is having his Onset summer home wired for electric light.

Dr. Louise Pearce, a former B. U. medical student, will soon be first assistant to Dr. Adoif Meyer, head of the Phipps Psychiatric clinic at the Johns Hopkins Hospital, Baltimore, Md. Dr. Pearce came to Boston as a special student, spent two years in the medical school and then graduated from Johns Hopkins. Many school-mates remember her and wish her success in her new position.

The Federation of Examining and Licensing Boards of Medical Examiners for New England met in Boston the latter part of April, and Dr. Samuel H. Calderwood was chosen secretary of the Federation. Dr. Edwin B. Harvey, secretary of the Massachusetts Board of Registration in Medicine, has resigned as secretary, a position he has held since the board was organized. His recent poor health is the cause. Dr. Harvey has many warm

personal friends among the medical profession in this and other states, and his ill health is deplored by them all.

The Brockton Hospital has reappointed Dr. John Noyes of that city to the staff as eye and ear specialist, and Dr. Horace Packard, of Boston, as consulting surgeon. The hospital has also established an orthopaedic department and children's clinic with a special staff.

Dr. Edith C. Varney, a B. U. medical graduate, and Dr. Harold A. Johnson, a Harvard medical man, were married in Lynn in March. Both are Lynn physicians, and the papers have wondered how the two schools will agree in the matter of medicines, etc.

The monthly meeting of the Boston section of the State Homœopathic Society will be held May 1st at the Evans Memorial building. Dr. Conrad Wesselhœft will present a paper, "The Relative Value of Homœopathy in a Series of 156 Hospital Cases Exhibiting Constipation," and Dr. A. S. Briggs will present "A Method of the Treatment of Constipation." Dr. F. B. Percy, Dr. W. Wesselhœft and Dr. Maurice Turner will discuss the papers.

Dr. C. E. Percy Thompson, of Fairhaven, gave a musical recital at the Parker House, New Bedford, one Sunday evening recently that was well attended, and the doctor received many congratulations on his work.

The Boston Dispensary (old school) is to start an evening eye clinic for the care of patients who cannot attend the day clinic.

Dartmouth College will hereafter limit its medical course to two years, giving credit for the two years' medical work toward the degree B. Sc., and allowing the students to finish the medical course at any medical school. The Dartmouth authorities feel that the last two years' medical work calls for more adequate clinical facilities than Dartmouth can offer. One evening (Boston) paper in commenting on the fact quoted the Carnegie Foundation report to the effect that Yale and Harvard Medical Schools could furnish all the physicians for New England. Perhaps they could, but then a day or two later Dean John P. Sutherland, of the Boston University Medical School, states that the demand for homœopathic physicians is such that the graduates of B. U. cannot begin to fill internships in hospitals, let alone supply calls from various towns wanting homœopathic physicians. It seems that the reader will have to take his choice, the statement of a man like Dean Sutherland, with facts behind his statements, or the words of a report that has not support of facts. Dean Sutherland's statements were made in the second of his series of talks upon "Homœopathy" at the Evans Memorial building, Boston.

The call for funds for the medical school endowment fund is again issued by the committee and circulars and pamphlets of various kinds will be furnished the physicians interested to show patients or others who might be interested.

The Malden Hospital Medical Board has announced that Dr. Wilson E. Hunt of that city will not be allowed to practice in the hospital, nor will his patients be allowed to be taken there. The action, it is claimed, was taken on account of testimony that Dr. Hunt gave

against one of his colleagues on the staff in a lawsuit, and has caused a flurry in medical circles there.

Dr. Clarence E. Burt, of New Bedford, is taking a post-graduate course in pediatrics at the Massachusetts General Hospital, under Dr. Fitz Talbot. This makes the seventh or eighth course Dr. Burt has taken of the Harvard courses, and the certificates really look quite imposing on the walls of Dr. Burt's office.

At the recent meeting of the Dorchester Medical Society (May), Dr. Herbert W. Nowell addressed the members on his recent investigations in the cause and treatment of cancer, which were commented upon in the last month's letter.

Dr. Laurence F. Keith, of Wareham, has purchased a Ford runabout for his work in Wareham.

Dr. James F. Cooper (1910) has sold his home in Falmouth and is studying at a Boston hospital, with the intention of going abroad as a missionary.

A further appeal for financial aid has been sent out from the medical school financial committee, with the announcement that the annual banquet will be a jubilation meeting. Some \$12,000 is needed to reach the \$100,000 endowment fund.

MARYLAND.

The Maryland State Homœopathic Medical Society held its annual session in Baltimore, May 7th and 8th. The following new officers were elected for the ensuing year: Dr. Barrett C. Catlin, President; Drs. H. G. Jones and R. Kneass, Vice-Presidents; Drs. M. E. Shamer and P. B. Towler, Secretaries; Dr. A. J. Davies, Treasurer; Dr. G. T. Shower, Necrologist, and Dr. Charles A. Fetterhoff, Librarian.

MICHIGAN.

Dr. E. C. Dunning has removed from Caro to Cassopolis, taking the practice of the late Dr. M. H. Criswell.

The Michigan State Homœopathic Society convened in Grand Rapids on May 20th and 21st with Dr. Enos C. Kinsman, of Saginaw, president, in the chair.

It was one of the best attended meetings held in the state for many years, and the enthusiasm that prevailed as evidenced by the generous contributions to the propagandistic fund is worthy of emulation.

Dr. Kinsman was an ideal presiding officer, prompt and efficient, and the program prepared was a most excellent one. The society had returned to the old plan of continuous performance rather than the bureau plan, and the result showed that the interest was maintained to the end. Among the papers presented that were specially deserving of mention were those of Drs. Mellon on Biological Remedies, Gertrude Dobson on the Repertory, Myra Babcock on Anæsthesia, and Dale M. King on Blood Pressure in Nervous Diseases. The discussions on these papers were especially profitable.

The officers elected for 1914 were the following:

President, Dr. D. S. Sinclair, Grand Rapids; First Vice-President, Dr. J. W. Hutchinson, Saginaw; Second Vice-President, Dr. Luther Peck, Plymouth; Secretary,

Dr. C. A. Burrett, Ann Arbor; Treasurer, Dr. W. G. Patterson, Detroit; Necrologist, Dr. W. M. Bailey, Detroit; Member of Board of Control, Dr. R. M. Richards, Detroit; Corresponding Secretary, Dr. W. H. Perry, Chesaning.

The entertainment provided the members and friends was of a high order. The experiment of the local profession not being burdened by the expense of the same was most successful.

NEW JERSEY

The sixtieth annual session of the New Jersey Homœopathic Medical Society was held in Montclair on May 7th and 8th.

OHIO.

The big affair in Ohio in May was the meeting of the State Homœopathic Society, which met in Marion, Ohio, on May 13 and 14th. It was indeed a great meeting, and the entertainment by the Sawyers of the White Oaks Farm Sanatorium, was of the highest grade possible. The meeting was well attended by the members in the state and attracted many from without the state; among the latter were: Drs. George W. Roberts, of New York; Benj. F. Bailey, of Lincoln, Nebraska; Hinsdale, Burrett and Dewey, from Michigan, and others. The following officers were elected:

Dr. Frank W. Webster, Dayton, President; Dr. George H. Irvin, Orville, First Vice-President; Dr. Ella G. Hunt, Cincinnati, Second Vice-President; Dr. R. O. Keiser, Columbus, Secretary; Dr. J. G. Keiser, Columbus, Assistant Secretary; Dr. T. T. Church, Salem, Treasurer; Drs. J. W. Means, Troy; Gertrude Meck, Cleveland; J. M. Wine, Dayton; Florence Smith White, Cardington; J. D. Varney, Greenfield; B. W. Dawley, Toledo; E. J. Canfield, Akron, Board of Censors.

The next meeting will be held in Columbus, May, 1914.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College on Thursday evening, April 10, 1913, at 8:30 o'clock. The scientific program consisted of the following:

"The Progressive Homœopathic Practitioner, the Prototype of the Typical Medical Practitioner of the Future," Eldridge C. Price, M. D., Baltimore, Md.

"Some Practical Phases of the Cancer Problem," Wm. S. Bainbridge, M. D., New York.

The meeting was a very interesting one, and was thoroughly enjoyed by all present.

WM. M. SYLVIS, M. D., Sec'y.

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, on Saturday evening, April 19, 1914, at 8:30 o'clock. A very interesting feature of the occasion was the reading of the following papers:

"Comparison of Visual Fields of a Recent Case of Hypophysis Tumor," F. O. Nagle, M. D.

"Digestive Symptoms of Pulmonary Tuberculosis," Wm. Steele, M. D.

"Meningitis Following Pleurisy" and "Tuberculous Broncho-Pneumonia" were reports of cases read by Doctor C. S. Raue, and which proved to be full of interest, and was enjoyed by a large number of members present.

BENJ. K. FLETCHER, M. D., *Sec'y.*

The Germantown Homœopathic Medical Society of Philadelphia held its regular monthly meeting at 1604 North Broad street on Monday, April 21, 1913, at 9 P. M. A paper on "Acute Abdominal Pain" was read by Doctor Herbert Leopold, and was well presented. There was a full attendance of members, and the meeting proved to be a most enjoyable one.

LANDRETH W. THOMPSON, M. D., *Sec'y.*

The Philadelphia Society for Clinical Research held its regular monthly meeting at the Hotel Majestic, Broad and Girard Ave., on Monday evening, April 28, 1913, at 9 P. M., "Some New Therapeutics" being the topic of discussion. The members had a royal time, being the guests of Doctor F. J. Frosch. The meeting was well attended.

PERCY A. TINDALL, M. D., *Sec'y.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Doctor J. H. Ervin, Jenkintown, Pa. Many interesting topics were discussed at this meeting by a large number of members present.

JOHN D. BOILEAU, M. D., *Sec'y.*

The Undergraduate Society of Hahnemann Medical College of Philadelphia held its regular monthly meeting at the Hahnemann Institute, on Friday evening, April 9, 1913, at 8 P. M. "Fractures and Dislocations," with reference to those among athletics, were well discussed and illustrated. Doctor C. W. Perkins, of Princeton, N. J., was the speaker of the evening, and added much interest to the meeting. The meeting was an interesting one and was well attended.

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Doctor Ella D. Goff, 204 E. North Avenue, Pittsburgh, Pa., on Thursday, May 1, 1913, at 8 P. M. An interesting paper on "Tonsillitis" was ably presented by Dr. Clara Williams, after which a hearty discussion was entered into. Great interest was shown at this meeting by a large number present.

LYDIA B. PIERCE, M. D., *Sec'y.*

The Atlantic City Homœopathic Medical Club held its fifth annual open meeting at Galen Hall on Friday evening, April 18, 1913, at 8:30 o'clock. A paper of timely interest, entitled "Intravenous Anæsthesia," with a report of 150 cases, was presented by Doctor J. W. Hassler, of New York. Doctor J. B. Gregg Custis, of Washington, D. C., read a very interesting paper on "An Effort to Re-establish Old Friendship." "The Differentiation of the Remedies Applicable for the Relief of Heart Symptoms, Whether Reflex or Chronic in Their Origin," and was very ably presented. There was a full attendance of members, and a gala time was had by those present.

HARRY D. EVANS, M. D., *Sec'y.*

The Homœopathic Medical Society of the County of New York held its regular monthly meeting at the New York Academy of Medicine on Thursday, April 10, 1913, at 8 P. M. Many interesting reports were presented by the various committees, and the meeting was full of interest, the Philadelphia guest being Doctor C. Harian Wells, of Hahnemann Medical College.

REEVE TURNER, M. D., *Sec'y.*

County auxiliary formed. Over fifty members of the auxiliary to the homœopathic hospital of West Chester, Pa., held its April meeting at the Y. M. C. A., building, and organized a county auxiliary.

Mrs. S. A. Mullin was temporary chairman of the meeting. Mrs. Chas. R. Palmer, Mrs. J. A. Baker and Mrs. W. L. Hamilton (Malvern), Pa., were appointed a committee to draw up a constitution. Their report as submitted was adopted.

On the nominating committee Mrs. J. Oscar Dicks, Mrs. Horace Sinclair and Miss Anna Dunwoody were appointed. The ticket was accepted as presented, and the following officers elected: President, Miss Elizabeth Hicks; First Vice-President, Mrs. G. K. McFarland; Second Vice-President, Mrs. Bernard Hawley, Malvern, Pa.; Secretary, Mrs. E. C. Winsmore, Downingtown, Pa.; Treasurer, Mrs. Samuel Green, Kennett Square, Pa.

Mrs. George K. McFarland was appointed to represent the County Auxiliary on the Training School Committee, which is composed of three members of the staff, three members of the Board of Managers, and one member of the County Auxiliary.

Two meetings a year will be held by the organization, one in April and one in October. Members were present from West Chester, Malvern, Kennett Square and Downingtown.

PERSONALS.

Doctor Edgar Bieber announces the opening of his office at 917 Jefferson Street (cor. High Street), Buffalo, N. Y.

OBITUARY.

Dr. Peter Van Vleck.

Sturgis, Mich., April 10, æt. 75. St. Louis Homœopathic College, 1865.

Dr. Jared Baldwin.

Second oldest homœopathic practitioner in New York; died aged 86.

Dr. Frederick L. Preston.

Chester, Pa., April 21, æt. 69. Hahnemann Medical College, Philadelphia, 1877.

Dr. Joshua M. List.

Evans City, Pa., April 21, æt. 71. Cleveland Homœopathic College, 1875.

Dr. Emma Cornwell.

Denison, Ia., April 20, æt. 73. Chicago Homœopathic Medical College, 1884.

Dr. Egbert D. Doolittle.

Easton, Pa., April 12, æt. 66. Former president of the Lehigh Valley Homœopathic Medical Society.

Dr. Miles H. Bronson.

Lowville, N. Y., March 16, æt. 78. Homœopathic Medical College, Pennsylvania, 1861.

Dr. Richard R. Trotter.

Yonkers, N. Y., March 28, æt. 63. Boston University School of Medicine, 1876.

Dr. Mary A. Ingersoll.

Denver, Col., March 29, æt. 63. Denver Homœopathic College, 1909.

Dr. James F. Flynn.

Humboldt, Kan., Feb. 1, æt. 50. Chicago Homœopathic Medical College, 1893.

Dr. Myra A. Gillette.

Medina, N. Y., March 13, æt. 58. Hahnemann Medical College, Chicago, 1886.

Dr. Francis X. Spranger.

Detroit, Mich., Feb. 17, æt. 44. Pulte Medical College, 1890.

Dr. A. S. Rosenberger.

Covington, Ohio, April 6, æt. 64. Homœopathic Hospital College, Cleveland, Ohio, 1870.

Dr. Isaac W. Timmons.

Winona, Minn., April 13, æt. 79. Homœopathic Medical College, St. Louis, 1870.

Dr. Geo. L. Stubinger.

Watts, Okla., April 6. Chicago Homœopathic Medical College, 1892.

Dr. Robert L. Carter.

Gloucester, Mass., April 10, æt. 41. Hahnemann Medical College, Chicago, 1894.

Dr. Joseph J. Curie.

Beverly, N. J., March 24, æt. 68. Hahnemann Medical College, Philadelphia, 1866.

Dr. James F. Hensley.

Washington, D. C., April 12. Washington Homœopathic College, 1894.

Trustee Carmichael also calls attention to the various bills now before state legislatures, which, if passed, will cripple homœopathic interests severely. These bills require every physician to write prescriptions to be filled by druggists. The national anti-narcotic bill at Washington will do the same. Illinois, Indiana, Iowa, Kansas and other states have similar bills in various stages of development. (Supplement to President Hinsdale's address.)

Messrs. Boericke & Tafel announce that the new work by Frederick M. Dearborn, M. D., of New York, entitled "Diseases of the Skin, Including the Exanthemata," will be out on or before September 1st. There is no author of our school who has the clinical facilities that Dr. Dearborn possesses in the dermatological and contagious services of the great Metropolitan Hospital (Dept. of Public Charities of New York City), and in the Flower, Hahnemann, Laura Franklin, Women's Volunteer, St. Mary's, Jamaica and Yonkers Homœopathic Hospitals. The observation of over ten thousand cases seen in thirteen years' work and results of their treatment form the basis for what promises to be the most practical book on the subject yet published. Over two hundred original illustrations testify to the element of vivid example so needed in a book on skin diseases.

Surgery of the Thyroid.

J. Berry is of the opinion that exophthalmic goitre is a disease of which the treatment, whenever possible, should be carried out jointly by the physician and surgeon. He ventures to ask whether the time has not arrived when physicians should recognize that they can do little or nothing for its actual cure, but that they can do much to get the patients into a proper condition for operation. On the other hand, the surgeon should realize the value of medical treatment as a preliminary to surgical interference, and should remember that there are stages of the disease during which the patient should be entirely in the physician's hands. It is common to hear of patients, who might be much benefited by operation, being kept indefinitely under medical treatment in out-patient departments, or intermittently in the medical wards, before a surgeon is even asked to see them, and when he is called in it is often to some desperately bad case on which he is expected to operate immediately as a last resort. In summing up our certain knowledge as to the dangers and advantages of the operative treatment of Graves' disease, the author believes that one may say that operations upon cases of exophthalmic goitre are more dangerous than similar operations for most other kinds of goitre, but that the dangers may, however, be greatly reduced by careful attention to details, especially in the selection of cases for operation, and in the choice of the time at which the operation should be performed, in the preliminary treatment of the patient, in the methods of operating, and in the after-treatment. That much benefit nearly always follows operation is undoubted, and that cure does sometimes follow as a direct result of the operation, especially in early and slight cases, there can be equally little doubt. Even in really bad cases, in which operation must involve serious risk, so much improvement often results that operation should not be too lightly put aside.

DENVER BUSY BOOSTING.

DENVER is known as the mile high city. She is up and doing. If there chance to be among our guests at the Institute in July any who are not satisfied with our elevation they are cordially invited to go with us two miles higher, where the beautiful snow is ever present. This may not be near heaven, but it is heavenly on a hot day in July, and is the best we can do towards boosting you in the direction of the desired haven. From this elevation, amidst the snow capped peaks, you may look down upon the sweltering masses of other sections and congratulate yourselves upon your elevated station in life. If perchance you have a grievance against the fellow who trampled your corns you may swat him one with a good, hard snow ball of your own making.

For those who are less ambitious to be on top of everything, we are sure the Queen City of the Plains will have much of interest. It is designated, and we believe justly, "The City Beautiful,"—the cleanest city in the United States, located in the "Land of Sunshine." Surely this should appeal to you and lead you to wend your way hitherward. We may, if you so desire it, have a change in program and let you see what Colorado can do when it decides to rain, but this must be ordered in advance. Our Chairman, Dr. Peck, insists that orders for rain must be in early, otherwise he will not stand sponsor.

We wish we might tell you what we are going to do to you when you come, but this is prohibited by the code. The fellow who does not come is not entitled to know and the other fellow will find out when we are doing it, but we invite you all to come.

Come with the assurance that the nights will be cool enough to sleep with blankets over you. We do not guarantee, however, that you will have any time to sleep. The sleepy ones stay at home.

COMMITTEE.

BOOK REVIEWS.

SURGERY OF THE EYE. A HAND-BOOK FOR STUDENTS AND PRACTITIONERS. By Ervin Torok, M. D., Surgeon to the New York Ophthalmic and Aural Institute; Ophthalmic Surgeon to Beth Israel Hospital; Consulting Ophthalmologist to the Tarrytown Hospital, and Gerald H. Grout, M. D., Assistant Surgeon to the New York Ophthalmic and Aural Institute; Instructor in the Eye Department, Vanderbilt Clinic; Consulting Ophthalmologist to the Bellevue Hospital, First Division. Octavo, 57 pages, with 509 illustrations, 101 in colors, and 2 colored plates. Cloth, \$4.50, *net*. Lea & Febiger, Publishers, Philadelphia and New York. 1913.

The Eye is one of the most important and delicate organs of the entire body, and the successful treatment of its diseases and injuries requires great skill and precision. As a large part of ophthalmic work is of a surgical nature, it is important that those interested in it should have in convenient form a practical statement of those operations which have yielded the best results. Such a book is of even greater value and importance to the general practitioner, who is almost certain at some time to be called upon unexpectedly to treat some injury of the eye because of its urgency.

This volume may claim two especially attractive features, its arrangement and its wealth of illustrations. The following plan has been pursued throughout the book: First, before describing each group of operations the authors have discussed the disease for the relief of which they are intended, and have given clear indications for the selection of the proper procedure in any given case. A detailed description of the steps of each operation then follows, with a list of all the instruments required. After this the complications that may occur at the time of operation and later are taken up, together with the post-operative care of the patient.

The authors have included 11 operations in common use to-day and also others that in their personal experience have given good results. This experience comprises fifteen years of practical work in Budapest, at the Royal Hungarian University Eye Clinic, with Prof. W. von Schüle, Prof. E. von Grosz and Prof. L. von Blaszkovics; in Berlin with Prof. J. Hirschberg, and in New York, at the New York Ophthalmic and Aural Institute, with Drs. Herman Knapp and Arnold Knapp.

INSURANCE MEDICINE. Being Suggestions to Medical Examiners. By Henry H. Schroeder, M. D., Medical Director Mutual Life Insurance, N. Y. Reprinted from the Medical Record. New York. Wm. Wood & Co. 1913.

This little book contains, in a handy form, suggestions to medical examiners, which have appeared in the Medical Record. They are the results of long years of experience and the work will be welcome to all who have to do examining for insurance companies, lodges, etc.

"Typho-Protein."

A solution of $1/3$ to $1/2$ mg. of "typho-protein" in a drop of water, when instilled into the conjunctival sac of a patient ill of typhoid, causes a typical inflammatory reaction. The most constant results are obtained when the "protein" is derived from numerous different strains of the bacilli. The reaction is relatively specific and can be readily differentiated from the response produced in other diseases and in health.—*Chemical Abstracts*.